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ABSTRACT

This document contains the Notice of Proposed Rulemaking (NPRM) on Head Start Program Performance Standards, appearing in the April 22, 1996 "Federal Register." The Administration for Children, Youth, and Families issued this notice to implement the statutory provisions for establishing program performance standards for early Head Start grantees and agencies providing services to eligible children and families. This proposed rule implements the statutory provisions of the 1994 amendments to the Head Start Act (42 U.S.C. 9801). The following sections are included: (1) "Summary," describing the Head Start program and Head Start Act; (2) "The Head Start Program," including comprehensive services, parent involvement and family focus, and community partnerships; (3) "Legislative and Programmatic History"; (4) "Consultation and the Development of the NPRM"; (5) "Approach of the Proposed Rule," detailing scope and themes; (6) "Summary of the Proposed Regulation," describing objectives of the performance standards; (7) "Section by Section Discussion of the NPRM," including general objectives, the assessment process, parent involvement, medical and dental health assessment, developmental and behavioral assessment, individualization of the program, and staff qualifications. Other regulatory changes and implications are discussed, including Executive Order 12866, Regulatory Flexibility Act of 1980, and the Paperwork Reduction Act. A policy group responsibilities chart is appended. (BGC)

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ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	1. Log No. ACYF-IM-HS-96-07	2. Issuance Date: 4/12/96
	3. Originating Office: Head Start Bureau	
	4. Key Word: Program Performance Standards	

INFORMATION MEMORANDUM

TO: All Head Start Grantees and Delegate Agencies

SUBJECT: NPRM - Head Start Program Performance Standards
45 CFR Parts 1301, 1303, 1304, 1305, 1306 and 1308

INFORMATION: Attached for your review and comments, pursuant to Section 644(d), 42 U.S.C. 9839(d), is a copy of the Notice of Proposed Rulemaking (NPRM) on the Head Start Program Performance Standards as published in the Federal Register on April 22, 1996.

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Statutory Requirements

This proposed rule implements the statutory provisions of the 1994 amendments to the Head Start Act (42 U.S.C. 9801 et.seq.) which require the Secretary of Health and Human Services to establish, by regulation, performance standards for Early Head Start grantees and Head Start grantees and delegate agencies providing services to eligible Head Start children from birth to five years and their families as well as pregnant women. The Act further provides that any revisions to the existing standards should not result in an elimination or reduction regarding the scope or types of health, education, parental involvement, nutritional, social or other services to a level below that of the requirements in effect on November 2, 1978. Pursuant to the statute, this rule also prescribes the procedures for corrective actions to be undertaken with agencies which fail to meet the standards.

Consultation

The Administration on Children, Youth and Families has undertaken extensive consultation in

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developing these standards, including holding over 70 focus groups (including 24 Regional meetings) involving about 2,000 people representing a cross-section of experts, parents, educators, and several Federal agencies, including the Education Department (concerning Title I issues). An internal working group of Central and Regional Office staff developed early drafts of the standards and provided recommendations in the process of developing the NPRM.

Regulatory Approach and Summary

The approach taken in developing the NPRM reflects the efforts to balance three important goals: (1) the need to update the program performance standards to meet the new challenges facing Head Start children and families since the 1970's, as required by the statute; (2) the need to maintain quality and ensure no reduction in services, also as required by statute; and (3) the need to streamline the standards to minimize regulatory burden and to encourage grantee innovation and flexibility.

The final balance that was struck was: (1) to reorganize the existing standards to reduce fragmentation and duplication, encourage holistic approaches and emphasize partnerships with families; (2) to focus the regulation on requirements that are key to maintaining quality services and to meeting the new emerging needs of Head Start families and children; and (3) to seek the least burdensome approach to maintaining service quality and to meeting emerging challenges.

In preparing these regulations, we have included the following key provisions which:

- Establish proposed standards for the new Early Head Start program serving low-income pregnant women and families with infants and toddlers and incorporate them with the revised performance standards for the Head Start program serving preschool children and their families, thereby establishing a single set of standards for Head Start programs serving children from birth to age five and their families as well as pregnant women;

- Reorganize the performance standards into three major new sections--Child Development Services, Family and Community Partnerships

and Program Design and Management--in order to improve both the integration of program activities and their "user-friendliness;"

- Update the section addressing Child Health and Development Assessment by outlining for grantees a schedule of preventive health care which must be applied to determine an individual child's needs for care, ongoing assessments and age appropriate care;

- Establish a Program Design and Management section which contains a number of new or significantly revised standards designed to improve overall program management and accountability at the local level;

- Focus two new sections on Family Partnerships and Community Partnerships in order to strengthen Head Start linkages with families and other community agencies, as recommended in the consultation process;

- Incorporate into one section on Child Health and Safety a set of standards concerning issues of health, emergencies, safety and hygiene;

- Assure transition services through standards for children and families moving from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, Title I Improving America's Schools Act preschool programs or other child care settings in order to ensure there are no breaks in continuity;

- Establish family literacy services for parents through a standard providing for child development and literacy skill training for parents to help children reach their full potential; and

- Prescribe, based upon statutory requirements, the procedures for corrective actions or terminations to be undertaken when agencies fail to meet the standards.

Public Comments:

As explained in the NPRM, comments are to be addressed to: Associate Commissioner, Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013. Comments must be submitted by June 21, 1996.

I ask that you, your staff and parents carefully review the text of the proposed regulation. All comments will be taken into account and summaries of the comments received will be published with the final rule in the Federal Register

Your comments are extremely important to the development of a final regulation that best supports quality services to children and families as well as community flexibility. Please address in your comments both those elements of the proposed rule that should stay the same in the final rule and those that should be changed.

To assist us in the review of comments, please cite the section and paragraph number of the proposed regulation that relates to each individual comment and explain the reason for each comment.

Olivia A. Golden
Commissioner

ATTACHMENT: Notice of Proposed Rulemaking on Head Start Program Performance Standards

cc: Regional Administrators, ACF, Regions I-X
American Indian and Migrant Programs Branch

federal register

Monday
April 22, 1996

Part II

Department of Health and Human Services

Administration for Children and Families

45 CFR Parts 1301, 1303, et al.
Head Start Program; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

45 CFR Parts 1301, 1303, 1304, 1305, 1306, and 1308

RIN 0970–AB55

Head Start Program

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), HHS.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Administration for Children and Families is issuing this Notice of Proposed Rulemaking to implement the statutory provisions for establishing program performance standards for Early Head Start grantees and Head Start grantee and delegate agencies providing services to eligible Head Start children from birth to five years and their families as well as pregnant women, and for taking corrective actions when Head Start agencies fail to meet such standards.

DATES: In order to be considered, comments on this proposed rule must be received on or before June 21, 1996.

ADDRESSES: Please address comments to the Associate Commissioner, Head Start Bureau, Administration for Children, Youth and Families, P.O. Box 1182, Washington, D.C. 20013.

In order to ensure that public comments have maximum effect in developing the final rule, we urge that each comment clearly identify the specific section or sections of the regulations that comment addresses and that comments be in the same order as the regulations.

Beginning 14 days after close of the comment period, comments will be available for public inspection in Room 2218, 330 C Street, S.W., Washington, D.C. 20201, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m.

Comments that concern information collection requirements must be sent to the Office of Management and Budget at the address listed in the Paperwork Reduction Act section of the preamble.

A copy of these comments may also be sent to the Department representative cited above.

FOR FURTHER INFORMATION CONTACT: E. Dollie Wolverton, Head Start Bureau, (202) 944–5450.

Deaf and hearing impaired individuals may call the Federal Dual Party Relay Service at 1–800–877–8339 between the hours of 8:00 a.m. and 7:00 p.m. EDT, Monday through Friday.

SUPPLEMENTARY INFORMATION:

I. Summary

The Head Start program is authorized under the Head Start Act (the Act), as amended (42 U.S.C. 9801 *et seq.*). Founded in 1965, the program currently offers comprehensive services including high quality early childhood education, nutrition, health, and social services, along with a strong parent involvement focus, to low-income children nationwide. The overall goal of the program is to bring about a greater degree of social competence in preschool children from low-income families. Social competence refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive, intellectual, and social development; physical and mental health; and nutritional needs.

Since the 1970's, the program performance standards have played a central role in the Head Start program. The program performance standards provide a standard and definition of quality services for the approximately 2,112 community-based organizations nationwide that administer Head Start as grantees or delegate agencies; serve as training guides for staff and parents on the key elements of quality; articulate a vision of service delivery to young children and families that has served as a catalyst for program development and professional education and training in the preschool field; and provide the regulatory structure for the monitoring and enforcement of quality standards in Head Start. Thus, their importance to the Head Start program and to preschool education generally goes far beyond the typical role of Federal regulations.

The authority for this Notice of Proposed Rule Making is sections 641A (a) and (d), 644 (a) and (c), and 645A(h)(2) of the Head Start Act, as amended (42 U.S.C. 9801 *et seq.*). More specifically, the purpose of this NPRM, the first wide-ranging revision of the program performance standards in over 20 years, is to carry out the language in the 1994 amendments to the Head Start Act providing for an update of the Head Start Program Performance Standards.

Key provisions in the 1994 amendments require a review of the performance standards in order to bring them up to date, cover new topics, and include services to low income pregnant women and families with infants and toddlers. In particular:

- The new section 641A provides that the Secretary must establish, by regulation, performance standards covering: (1) A range of services for children and families, including health, education, parental involvement, nutritional, and social services as well as transition activities; (2) financial management and administration; and (3) facilities. Subparagraph (a)(3)(C) of the new section provides that the Secretary must review and revise, as necessary, the performance standards in effect under prior law.
- The amendments further provide that any revisions should not result in an elimination or reduction of requirements regarding the scope or types of health, education, parental involvement, nutritional, social, or other services to a level below that of the requirements in effect on November 2, 1978.
- Section 641A(d) prescribes procedures for corrective actions or termination to be taken with agencies which fail to meet the standards described in subsection (a).
- Section 645A(h)(2) requires that the Secretary develop program guidelines for Early Head Start, the newly authorized program for low-income pregnant women and families with infants and toddlers, and to publish performance standards for such programs.

A fundamental challenge that we addressed in developing this NPRM was to find the right balance among three important goals: (1) Addressing the critically important new areas for regulation identified in the statute; (2) maintaining quality and avoiding any reduction in the level of services prescribed by the regulations, as mandated by the statute; and (3) attempting to streamline the regulations, avoid regulatory burden, and encourage flexibility, and innovation.

Our approach to identifying the right balance included wide-ranging consultation with many different individuals and groups, consistent with the new statutory requirements at Section 641(A)(a)(3) regarding the consultations which the Secretary has to undertake and the factors which the Secretary has to take into consideration in developing the revised program performance standards. Following both the statute and the Administration's regulatory reinvention principles, ACYF offered extensive opportunities for program experts, local agencies, and other interested parties to review and discuss the current program performance standards.

In the late summer of 1994, ACYF formed a 33-member working group composed of Central and Regional

Office staff to draft a plan for the development of these regulations. The group was given responsibility both for developing standards related to the new service expectations of the Early Head Start and Head Start programs—e.g., transition services and services to pregnant women and families with infants and toddlers—and for making appropriate revisions to the existing standards which would support quality services, better meet the individual needs of the diverse population of Head Start children and families, and improve program management. Over the summer, fall, and winter of 1994–1995, this group convened 70 focus groups involving approximately 2,000 individuals. The participants at these meetings were drawn from a cross-section of program practitioners, including local sponsors of Head Start programs as well as subject experts, parents, educators, technical assistance providers, Federal Head Start staff from across the country, and individuals with extensive experience conducting Head Start program monitoring in a variety of settings.

Based on this broad consultation, as well as on the work of two national Advisory Committees (the 1993 Advisory Committee on Head Start Quality and Expansion and the 1994 Advisory Committee on Services to Families with Infants and Toddlers), ACYF developed the following key elements of its approach to this regulation: (1) The current program performance standards should be reorganized to reduce fragmentation and duplication, encourage holistic approaches, and emphasize partnerships with families and communities; (2) a single set of integrated standards for services from birth to age five should be developed; (3) the regulation should focus on requirements that are key to maintaining quality services and meeting new and emerging needs; and (4) the least burdensome approach to maintaining quality and meeting emerging challenges should be sought.

ACYF is particularly interested in receiving comments on the extent to which the proposed rule forms the least burdensome approach to regulation in order to protect grantee flexibility to innovate and achieve quality outcomes in the most effective way possible, while recognizing the statutory mandate to ensure that there is no reduction in services and to provide standards supporting the implementation of a range of new statutory requirements. Further, within this framework, ACYF has consistently sought ways to make the regulation more outcome- focused and less process-oriented. We urge commenters to share their ideas on ways that we can continue to move in this direction.

II. The Head Start Program

The Head Start program served approximately 740,000 low-income children and families in fiscal year 1994 through a network of 1,405 grantees and over 600 delegate agencies. (Delegate agencies have approved written agreements with grantees to operate the program.) Programs are funded through a direct Federal-to-local relationship, and grantees include a wide range of local agencies: community action agencies, single-purpose nonprofit agencies, local governments, and school districts, among others. About 95 percent of the children in Head Start programs are from low-income families (below the Federal poverty line); about 13 percent of the children have disabilities; and about 90 percent of the children served are 3 to 4 years old. As described below, the 1994 Head Start amendments created a new initiative within Head Start to expand and focus on services to infants and toddlers.

Key principles of Head Start since its inception in 1965, and reaffirmed most recently through a thorough review by the bipartisan Advisory Committee on Head Start Quality and Expansion, include the following:

- *Comprehensive services.* To develop fully and achieve social competence, children and their families need a comprehensive, interdisciplinary approach to services, including education, health, nutrition, social services, and parent involvement. The range of services available must also be responsive and appropriate to each child and family's unique developmental, ethnic, cultural, and linguistic experience and heritage.
- *Parent involvement and family focus.* The Head Start program is family-centered and is designed to foster the parent's role as the principal influence on the child's development and as the child's primary educator, nurturer, and advocate. Local Head Start programs work in close partnerships with parents to develop and utilize parents' individual strengths in order to successfully meet personal and family objectives. In addition, parents are encouraged to become involved in all aspects of Head Start, including direct involvement in policy and program decisions that respond to their interests and needs.
- *Community Partnerships and Community-Based Services.* Head Start programs are intended to be community-based, with different specific models of service provision flowing out of the differing needs of differing communities. In addition, the most effective Head Start programs have always been, in the words of the Advisory Committee on Head Start Quality and Expansion, "central community institutions" for low-income families, building linkages and partnerships with other service providers and leaders in the community.

III. Legislative and Programmatic History

In May 1994, the President signed into law the Head Start Reauthorization Act of 1994. This legislation, enacted with bipartisan sponsorship and support, amended the Head Start Act to extend the program authorization period through fiscal year 1998. It also made a number of changes to ensure that all children and families enrolled in Head Start are offered high quality services that are responsive to their needs. The legislation built on the vision and recommendations contained in *Creating A 21st Century Head Start*, the report of the Advisory Committee on Head Start Quality and Expansion, which was issued in December 1993.

The Secretary formed the Advisory Committee in June 1993 to look at Head Start quality and program expansion issues. The Committee worked for six months before issuing its report. The report included numerous recommendations, centered around:

—striving for excellence in staffing, management, oversight, facilities, and research;
—expanding to better meet the needs of children and families; and
—forging new partnerships with communities, schools, the private sector and other national initiatives.

In its report, the Advisory Committee reaffirmed the role and value of the existing Head Start Program Performance Standards. However, it also recommended that the standards be reviewed and revised to reflect the changing nature of the Head Start population, the evolution of best practices, program experience with the existing standards, and the pending program expansion. Reviews in several specific areas were recommended including: business practices and financial management; staff levels and qualifications; developmentally appropriate curricula and emergent literacy; transitional services; mental health; nutritional requirements; family services; parental roles; services for the "birth-to-three" population; transportation; and program

coordination. It also recommended the consideration of: (1) Standards and systems in effect in other early childhood programs; (2) work in other fields to establish outcome-based accountability systems; and (3) the guiding principles of the Administration's National Performance Review (i.e., increased responsiveness to clients, and the minimization of regulations and paperwork). As principles for the review effort, it called for the promotion of quality, responsiveness to community needs, and the strengthening and streamlining of the standards. Finally, it advised consideration of the special needs and circumstances of programs serving American Indians and migrant and seasonal farm workers.

In making its general recommendations, the Advisory Committee noted the dramatic changes which had occurred in the world of Head Start families between 1965 and 1993:

- The needs of poor children and families are more complicated and urgent. Violence, substance abuse, homelessness, lack of education, and unemployment are helping to make them so. At the same time, more of the Head Start service population is coming from single-parent families, increasing numbers of parents are working, and family literacy is increasingly being recognized as an important service need.
- Over the past 28 years, the landscape of community services has changed dramatically. There are new roles and enhanced capacities for serving young children and their families. Today, we also have new knowledge about the attributes of services and supports that are effective in changing long-term outcomes for young children, new knowledge about the importance of the first three years of life, and new knowledge and appreciation for the continuum of developmental and comprehensive services often needed before school and into the early years to help children succeed in school.

While the Advisory Committee found that Head Start has succeeded in improving the lives of young children and their families, it cited some areas where further improvements were possible. These include: (1) Consistency in the quality of programs; (2) responsiveness to the diverse needs of Head Start families; (3) addressing the large unmet need for Head Start services; and (4) coordination of Head Start with other early childhood programs and elementary schools.

The 1994 Head Start amendments reflect similar concerns on the part of the Congress. They include a number of provisions designed to improve program quality—including new requirements with respect to quality standards and program monitoring, technical assistance and training, staff qualifications and development, and an allocation for quality improvement activities. They also include a number of provisions to expand the nature and scope of services and to make programs more responsive to the needs of their service populations. For example, they add new requirements with respect to family literacy services and parental involvement, provide for an initiative for pregnant women and families with infants and toddlers (Early Head Start), expand opportunities for parental involvement, add requirements to facilitate the successful transition of Head Start children to elementary school, and mandate a study of the adequacy of full-day/full-year programs.

The amendments further provide that, in revising the current program performance standards and in developing new ones, the Secretary must consult with experts in the fields of child development, early childhood education, family services (including "linguistically and culturally appropriate services" to children and families for whom English is not the primary language), and administration and financial management. They also require consultation with individuals with experience operating Head Start programs.

Additionally, the amendments require that the Secretary take several factors into consideration in developing the program performance standards. These include: past experience with the existing standards; changes over time in the Head Start service population; developments in best practices with respect to child development, children with disabilities, family services, program administration, and financial management; projected needs related to Head Start expansions; existing and potential standards and guidelines related to the promotion of child health; the projected needs of expanded Head Start programs; changes in the population of eligible children (including changes in family structures and languages spoken in the home); and local policies and activities designed to ensure the successful transition of Head Start children to elementary school.

The Advisory Committee on Services for Families with Infants and Toddlers was formed by the Secretary of Health and Human Services in July 1994 to advise and inform the Department on the development of program approaches for the new Head Start initiative serving low-income pregnant women and families with infants and toddlers (later named "Early Head Start"). The Advisory Committee drew upon the experience of a number of different programs (such as the Comprehensive Child Development Program, Parent and Child Centers, and Head Start Migrant Programs), the insights provided by participants in over 30 focus groups, three decades of research on child and family development, and extensive consultations with experts and practitioners in the field.

In September 1994, the Advisory Committee on Services for Families with Infants and Toddlers issued a formal statement setting forth both its vision and goals and its recommendations for program principles and cornerstones. It called for the development of a range of service strategies that would support the growth of the young child within the family and the growth of the family within the community. Thus, it envisioned program approaches that were family-centered and community-based. Its program principles included: (1) A commitment to excellence in the quality of the services provided as well as in program management; (2) the prevention and early detection of and early intervention with problems; (3) the early, proactive, and ongoing promotion of a child's healthy development; (4) the promotion of positive, continuous relationships that nurture the child, parents, family, and caregiving staff; (5) the promotion of parent involvement; (6) the inclusion of children with disabilities and respect for individual children and adults; (7) respect for home language and culture; (8) responsiveness to the unique strengths and abilities of the children, families, and communities served; (9) ensuring smooth transitions; and (10) collaboration and the active pursuit of partnerships with kindred programs.

A local education agency using funds under Title I of the Elementary and Secondary Schools Act to provide early childhood development services to low-income children below the age of compulsory school attendance must comply with the Head Start Program Performance Standards for such services beginning in fiscal year 1997. The proposed performance standards governing early childhood development services are found in Section 1304.21, Education and Early Childhood Development. (Title I preschool programs using the Even Start model or Even Start programs which are expanded through the use of Title I

funds are exempt from this requirement.) We have sought consultation with school officials and education experts, as well as early childhood experts, and have worked closely with the U.S. Department of Education in developing this section of the NPRM.

Local educational agencies, school personnel, and persons affiliated with Title I preschool programs are referred to the Department of Education's Notice of Interpretation regarding the applicability of Head Start performance standards to Title I preschool programs that appears elsewhere in this **Federal Register**. We encourage comments from local educational agencies, school personnel, and persons affiliated with Title I preschool programs regarding the content of 45 CFR 1304.21 and its impact.

IV. Consultation and the Development of the NPRM

In keeping with the requirements of the statute and the Administration's regulatory reinvention principles, ACYF sought extensive public input prior to the development of these proposed standards. As noted above, over the summer, fall, and winter of 1994–1995, we conducted 70 focus groups involving approximately 2,000 individuals including subject experts, parents, educators, technical assistance providers, local sponsors of Head Start programs, Federal staff, and individuals with extensive program monitoring experience.

Fifteen of the focus groups addressed standards related to specific subject areas such as child development and education; child medical, dental, nutrition and mental health; and parent involvement. Subject-area experts were key participants in those groups. Over 30 of the focus groups addressed standards for pregnant women and families with infants and toddlers. In addition, a focus group was convened with the Department of Education to discuss the compatibility of these standards with the Title I Improving America's Schools Act programs. The parents of Head Start children were present at many focus groups, and one focus group was devoted entirely to Head Start parents. In addition, one group was devoted to obtaining recommendations from long-term leaders of the Head Start movement who could provide unique insights into the program's experience and development over time as well as the program strengths and weaknesses that should be addressed.

Representatives from a wide array of national organizations and agencies with particular interest in child and family issues also were consulted. Among these organizations were the national, State, and Regional Head Start Associations, Zero to Three, the National Center for Learning Disabilities, the Family Impact Seminar, the Family Resource Coalition, the National Black Child Development Institute, the Elementary School Principals Association, the National Association for the Education of Young Children, and the National Committee to Prevent Child Abuse.

The ACYF also undertook a consultation process to draw upon the expertise of Federal agencies and staff responsible for administering related programs and serving related populations. The purpose of these efforts was to promote greater consistency in the service and regulatory approaches taken by various Federal programs and to solicit expert advice on how to promote quality in Early Head Start and Head Start services. Among the critical links in this process were those with health and mental health agencies; the U.S. Public Health Service, including the Health Resources and Services Administration's Maternal and Child Health Bureau, the Indian Health Service and the Centers for Disease Control and Prevention; the Health Care Financing Administration, and the Center for Mental Health Services; the U.S. Department of Education, including the Office of Educational Research and Improvement; and the U.S. Department of Agriculture.

In reviewing and revising the standards, ACYF also carefully reviewed the standards and performance criteria established by national organizations and policy experts in early childhood development, health and safety, child care, and related fields. Key documents reviewed include the National Head Start Association's "Quality Initiative" draft report, the National Association for the Education of Young Children's "Accreditation Criteria and Procedures" and "Developmentally Appropriate Practice in Early Childhood Programs," the U.S. Public Health Services', Health Resources and Services Administrations' Maternal and Child Health Bureau's "National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care," developed in collaboration with the American Academy of Pediatrics and the American Public Health Association, and produced in collaboration with the Health Care Financing Administrations's Medicaid Bureau "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" report. The proposed rule also reflects the guidance provided by contemporary academic literature in such fields as early childhood education, child health and safety, family services, and program management.

In addition, ACYF undertook an analysis of the current program performance standards with which grantees have the most and, conversely, the least difficulty in complying, as measured by results from Head Start's monitoring instrument, the "On-Site Program Review Instrument" (OSPRI). Finally, ACYF also studied the wealth of non-regulatory material issued by ACYF and the Head Start Bureau since 1978, such as Information Memoranda, reports on demonstration programs, and task force reports, which address key policy issues of possible relevance to the program performance standards.

In drafting the proposed rule, ACYF also considered the recommendations of both the Advisory Committee on Head Start Quality and Expansion and the Advisory Committee on Services for Families with Infants and Toddlers. These two groups included a wide range of distinguished national experts, including practitioners, academics, policy-makers in the Executive and legislative branches, representatives of State government and the foundation community, and parents. In addition, both groups commissioned considerable staff work to support their deliberations. Thus, the collective efforts of these two groups allowed access to a wealth of expertise, program experience, and supporting documentation that would not otherwise have been available.

Findings From the Consultation Process

The consultation process yielded the following major objectives for revising the standards:

- The organization of the standards should be improved to promote a more integrated, holistic approach to service delivery;
- The standards should serve as models for program quality and encourage programs to strive for excellence;
- The standards should achieve a better balance between the clarity and precision of regulatory intent and regulatory flexibility so that programs can be most responsive to local needs, settings, and circumstances;
- The standards should place greater emphasis on family-focused aspects of the program by strengthening links with local community providers, helping families identify and address individualized goals, and ensuring that

the standards address important contemporary issues facing families such as community violence, substance abuse, and literacy;

- The standards regarding health and safety practices need to be updated, with special attention to infant/toddler concerns, current medical best practices, and serious blood-borne diseases, such as HIV and Hepatitis B; and
- New standards addressing financial and administrative management should be added in order to strengthen program accountability and management practices.

V. Approach of The Proposed Rule

Based on this extensive consultation, we sought to achieve a balance among three critical goals: (1) Updating the program performance standards to meet new challenges, as required in the statute; (2) maintaining quality and ensuring no reduction in services, as required in the statute; and (3) streamlining the standards to minimize regulatory burden and encourage grantee innovation and flexibility. We first made decisions about the scope of the proposed rule, since a number of closely related regulations could have been included or not included in a performance standards revision, and then identified key principles regarding the structure and approach of this proposal.

Scope of the Proposed Rule

This proposed rule deals most specifically with implementing the amendments in section 641A(a) and (d) of the Act. It addresses the requirements at: paragraph (a)(1) regarding the establishment of standards; paragraph (a)(2) regarding the specification within the regulations of minimum levels of accomplishment; paragraph (a)(4) regarding the establishment of standards with respect to obligations to delegate agencies; and paragraph (d) regarding the procedures to follow when corrective actions or terminations are necessary. It also responds to Sections 644(a) and (c) that require the issuance of regulations for the organization, management, and administration of Head Start programs. Finally, it addresses Section 645A(h), which requires that the Secretary publish performance standards for programs that serve low-income pregnant women and families with infants and toddlers.

The current Head Start Program Performance Standards are found at 45 CFR Part 1304. Additional regulations which are applicable to Head Start agencies also are found at 45 CFR Parts 1301 (Head Start Grants Administration), 1305 (Eligibility, Recruitment, Selection, Enrollment, and Attendance in Head Start), 1306 (Head Start Staffing Requirements and Program Options), 1308 (Disabilities Services), and Parts 74 and 92 (concerning the administration of grant awards).

As we considered the input from our consultation process, we concluded that we needed to review these additional regulations to find out whether a streamlined, integrated, and customer-friendly set of performance standards in 45 CFR Part 1304 should bring together requirements now included somewhere else. Therefore, in addition to revising 45 CFR Part 1304, we also reviewed the regulations in 45 CFR Parts 1301, 1305, 1306, and 1308 to determine where further technical changes were needed.

In this NPRM, ACYF proposes to revise 45 CFR 1301.31 on personnel policies and to make minimal technical modifications to 45 CFR Parts 1305, 1306, and 1308. A cross-reference will be added in these Parts to ensure that they are used in conjunction with the provisions of Part 1304.

Additionally, as we reviewed the information gathered from our consultations regarding services to infants and toddlers, we revised somewhat our approach to regulations in this area. In the Early Head Start program announcement, published in the **Federal Register** on March 17, 1995 (60 FR 14548), only 45 CFR Parts 1301, 1304, and 1305 were cited as being applicable to Early Head Start programs. Upon further consideration, we have determined that 45 CFR Parts 1306 and 1308 also are generally applicable to these programs and are indicating this in the proposed rule, with specific exceptions being noted.

Finally, the proposed rule does not address the amendments at section 641A(b) related to the development of Head Start Program Performance Measures or at 641A(c) related to the monitoring of local agencies and programs. The statute does not mandate regulations in these areas, and ACYF does not anticipate issuing regulations to implement these provisions.

However, we are working to ensure that the substantive deliberations and policy development currently underway on the program performance measures and monitoring are effectively linked to the revision of the program performance standards, since the three activities must work in tandem to ensure consistent program quality. In addition to ensuring linkages among the Federal work groups developing these approaches, we will ensure that Early Head Start programs, Head Start programs, and other interested parties receive program issuances related to the development and implementation of the program performance measures and revisions to the monitoring system as they become available.

Briefly, the activities related to performance measures and monitoring are as follows:

- The Head Start Program Performance Measures are designed to assess the quality and effectiveness of the Head Start program nationally by providing program indicators and outcomes for children and families. As such, they will provide a snapshot of how well the Head Start program is performing, nationally and regionally, at a given point in time and a process for the continuous improvement of local programs. However, they will neither be used to evaluate individual programs nor to monitor them for compliance with the Head Start Program Performance Standards.
- The ACYF is currently considering how the Head Start monitoring system as a whole can be revised and improved. This effort needs to mesh with the work on the revision of the program performance standards so that the Head Start monitoring instrument (the Head Start On-Site Program Review Instrument, or OSPRI) remains consistent with the standards, as revised. Each grantee is monitored at least once every three years.

Themes of the Newly Revised 45 CFR Part 1304

In drafting this proposed rule, we sought to achieve the delicate balance described above: addressing new challenges and new statutory areas for regulation, maintaining existing quality and services, and streamlining the regulations to reduce burden and encourage innovation. Our overall approach is built on four key themes.

1. *The Head Start program performance standards should be reorganized to reduce fragmentation and duplication, encourage holistic approaches, and emphasize partnerships with families and communities.* Based on what we heard during the consultation process, we are proposing an organizational structure for the program performance standards that departs considerably from the structure of the current version of the regulation. In particular, the overall structure of the new standards is more holistic and integrated than the current component-based organization, leading to better linkages among related standards and less duplication and fragmentation.

Such an integrated structure was first suggested as part of the work of the Advisory Committee on Services to Families with Infants and Toddlers, which identified four cornerstones of successful programs for very young children: child, family, community, and staff. This recommendation for a broad-based, integrated structure was echoed in the focus groups, where we heard that the most effective grantees attempt to integrate their services across components and train their staff to understand and serve children and families from a broader, more comprehensive perspective. For this reason, previously separate components, such as Parent Involvement and Social Services, and dispersed standards, such as those addressing parent education and program management issues, have been brought together under three broader topical program areas that roughly follow the four cornerstones proposed by the Advisory Committee: Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management.

Under these broad areas, we have proposed some additional consolidations or reorganizations to improve clarity, bring together related standards or emphasize areas of newly emerging or critical importance. For example, the new section on "Community Partnerships" is intended to capture one of the most critical recommendations of the Advisory Committee on Head Start Quality and Expansion, which also emerged frequently in our focus group consultations: that, "as Head Start improves and expands, it must fit into the increasingly complex array of Federal, State, and community level services and resources available to low-income children and families." The proposed standards in this area, which are largely new but are also drawn from the earlier component standards for social services, require community collaboration and identify key agencies with which local Early Head Start and Head Start grantees must coordinate.

The standards in Subpart D entitled "Program Design and Management" are comprised of four sections on Program Governance; Management Systems and Procedures; Human Resources Management; and Facilities, Materials, and Equipment. This structure brings together requirements which were previously scattered and adds selected new requirements in order to ensure a more intensive focus on program staff and management. This more intensive focus responds to a statutory requirement to develop improved administrative and financial management standards; to a concern about the management of ever-more-complex programs that was frequently heard in the consultation process; and to explicit recommendations of the Advisory Committee on Head Start Quality and Expansion to "focus on staffing and career development," to "improve the management of local programs," and to "provide for better facilities."

2. *A single set of integrated standards for services from birth to age 5 should be developed.* Initially, we anticipated issuing separate NPRM's for services to low income pregnant women and families with infants and toddlers (Early Head Start) and for Head Start grantees serving children aged 3 to 5. Through the consultation process, however, we concluded that it would make more sense to issue an integrated set of standards, both for grantees, who might be operating both types of programs, and for children and families, who might be moving from one program to another and deserve continuity of services and requirements to the extent possible. However, we were extremely mindful of another critical point that we heard from both health and child development experts: that infants and toddlers are not just small preschoolers, and that it is critical for children's health, safety, and development to ensure clear standards for quality that are appropriately different for the different ages.

Therefore, our approach was to create a unified, integrated structure, with age-specific standards where appropriate. For example, in areas such as Early Childhood Development and Health Services, and, to a lesser extent, in Family and Community Partnerships, it was necessary to develop discrete standards that are applicable only to grantees serving infants and toddlers (and, by extension, pregnant women).

The decision to develop an integrated set of standards has substantially reduced potential requirements on grantees. The NPRM which was published on June 19, 1990 (55 FR 24899), entitled "Program Performance Standards for Head Start Programs Serving Infants, Toddlers and Pregnant Women," (which was subsequently withdrawn on September 30, 1994, 59 FR 46806) contained 26 sections in all. The current NPRM contains only 16 sections, yet covers services to Head Start eligible children from birth to five years and their families. We believe that this integrated approach saves grantees and delegate agencies significant problems in having to work with two sets of regulations.

3. *The regulation should focus on requirements that are key to maintaining quality services and meeting new and emerging needs.* One of the major goals of the proposed rule is to update expectations for grantees to ensure quality and to meet new and emerging program challenges, with a specific focus on issues identified in the reauthorizing legislation and by the two Advisory Committees. For example, both the Advisory Committees and our own consultations identified health services as being a critical component that needs more attention to ensure quality outcomes for children and their families. We heard that health services require special attention for many reasons: because some Head Start programs have had difficulty with some aspects of quality; because community-wide trends may be endangering children's health and limiting their access to health care; and because of the new program focus of Early Head Start, which serves families with infants and toddlers and pregnant women. Examples of new or revised requirements that emerged from our consultations include a revision of the procedures and schedules for the assessment and identification of child health, nutrition, and developmental concerns, in order to meet current medical best practice; requirements related to child safety in the presence of serious diseases such as cytomegalovirus (CMV) and Human Immunodeficiency Virus (HIV); requirements related to prenatal care for pregnant women; proper procedures for handling child health emergencies; and improved mental health services for troubled children and families.

Similarly, the proposed rule addresses emerging family and community issues identified through consultations and in the statute. One of the most frequently mentioned quality issues in the work of the Advisory Committee on Head Start Quality and Expansion and in our own consultations was the effect of the changing conditions of families—including increased stress, family violence, substance abuse, poverty, and homelessness—on the ability of programs to work effectively with children and parents. These stresses require that programs focus increased staff attention on individualized family support and goal-setting. While we have not chosen the most prescriptive approaches to providing such assistance, such as prescribing a ratio of families to family service workers or specifying academic qualifications for those workers, we have proposed a number of more flexible program

requirements. Programs must ensure that staff managing family service workers have appropriate training and experience; they must carry out the statutory mandate for family literacy services; and they must strengthen their assessments of family needs and goals and provide improved follow-up and coordination of service delivery with community agencies, including elementary schools and Title I Improving America's Schools Act preschool programs. The proposed rule also addresses the other most frequently mentioned issue of emerging family needs: the need to respond to working families, including developing parent involvement approaches that meet the needs of working parents in the Early Head Start and Head Start programs.

The proposed rule also addresses critical issues of program quality related to agency management of increasingly complex programs, such as governance; planning; communication, record-keeping, and reporting systems; human resources management and professional development; and facilities management. These issues were frequently raised throughout the consultation process, including by grantees themselves.

Additionally, the proposed rule also addresses Federal enforcement of minimum quality standards in cases where local agencies are seriously deficient in their provision of program services. This requirement (contained in Subpart E, entitled "Implementation and Enforcement") implements specific statutory language in section 641A of the Head Start Act concerning the corrective or termination procedures to be followed when local agencies fail to comply with the Head Start Program Performance Standards. This proposal also carries out a central recommendation of the Advisory Committee on Head Start Quality and Expansion that all programs should provide quality services that live up to the Head Start vision.

4. *The least burdensome approach to maintaining service quality and meeting emerging challenges should be sought.* At the same time that the proposed rule implements a range of new statutory requirements and complies with the statutory mandate to ensure that there is no reduction in services, we have sought the least burdensome approaches to regulation in order to protect grantee flexibility to innovate and achieve quality outcomes in the most effective way possible. Among our key approaches to achieving this balance, where possible, was to identify process requirements in the current standards which could be deleted or replaced with a simpler requirement without reducing the quality of services. For example, we deleted an existing requirement that Head Start programs provide child-sized eating utensils and furniture. We also eliminated considerable duplication as a result of the new organizational structure, and we pruned out-dated material, such as a lengthy appendix related to staff personnel policies. We eliminated a proposed requirement for the "daily" recording of progress on each child because it would place a considerable paperwork burden on programs, and because the requirement for the individualization of services and individualized observations would serve the aim of maintaining quality. And, we extended the required time period for the completion of medical and dental assessments from 45 days to 90 days in response to comments, particularly from rural communities, that the shorter timeframe was unrealistic and that service quality can be protected with prompt action, but a more realistic deadline.

The ACYF has consistently sought to design the new requirements in ways that offer grantees flexibility in their implementation of the requirements. For example, although the new transition requirements carry out the specific intent of the statute, they also leave room for local agencies to design their own specific procedures for implementing these new requirements. Likewise, where possible, ACYF has sought to add increased flexibility to the current regulation. For example, on the advice of focus group participants, we have added a provision allowing agencies operating the center-based program option to conduct home visits outside the home when parents request such an arrangement or when visits to the home present safety concerns for staff.

Also to streamline the regulation, we reduced the amount of regulatory text devoted to discussing objectives and setting the context for the program performance standards. While this material is very important, much of it is not regulatory in nature. Therefore, we have included it in this preamble, rather than in the regulatory text.

We also attempted to provide sufficient flexibility in the standards so that they can apply to the wide range of auspices under which individual programs are operated (such as elementary schools, private non-profit agencies, and local governments, to name a few) and to the wide range of program options from which agencies can now choose (such as center-based programs, home-based programs, combinations of center- and home-based programs, and locally designed program options). While most of the standards apply equally to all program options, where necessary we have created separate standards for the home-based program or, alternatively, have indicated where particular standards apply only to the center-based program option.

Finally, we looked for opportunities to make the regulations more outcome-focused and less process-focused. One key example is the regulation in Section E, which implements the new statutory requirement for a corrective action process for deficient grantees leading to prompt termination if services do not improve after the provision of technical assistance. Our proposal is intended to focus monitoring attention on those programs whose deficiencies affect the quality of services and outcomes for children, rather than on those programs that may have areas of non-compliance which need to be corrected but do not seriously compromise their fundamental ability to promote children's healthy development and social competence. ACF solicits comments on additional ways to make the regulations more outcome-based.

VI. Summary of the Proposed Regulation

Objective

The Head Start Program Performance Standards are a means for ensuring that all local agencies maintain the highest possible standards in the provision of Early Head Start and Head Start services. The standards are designed to ensure that the objectives of the Early Head Start and Head Start programs are achieved. To that end, they specify, in concrete terms, the features expected of a quality Early Head Start and Head Start program, and they hold local agencies responsible for meeting specific responsibilities in all program areas.

Just as local grantees and delegate agencies are expected to honor the culture and to maximize the strengths and experiences of each child and family, we recognize the differences and uniqueness of each local program and the community in which it operates. Therefore, while all agencies are expected to comply with the standards in this proposed rule regarding program operations and activities, we will be providing agencies with guidance material designed to suggest best practices for implementing the standards in a manner appropriate to their local circumstances. We also plan a variety of additional technical assistance activities to assist agencies in

understanding and implementing the new standards.

VII. Section by Section Discussion of the NPRM

The following sections in the preamble discuss in more detail the specific provisions in the proposed revisions to 45 CFR Part 1304. We have attempted in our discussion to focus particularly on those standards, or features of the standards, that are new to the proposed rule, rather than provide an exhaustive explanation of every aspect of the standards, some of which are unchanged from the current regulation.

Subpart A—General

Section 1304.1—Purpose and Scope

This section describes the purpose and scope of the proposed rule and references the sections of the Head Start Act upon which the proposed rule is based.

Section 1304.2—Effective Dates

This section provides that the proposed rule applies to all Early Head Start and Head Start grantees and delegate agencies as of the effective date. We welcome comments on whether we should provide for waivers on certain requirements which are believed to be too difficult for all affected agencies to meet by the effective date and which do not compromise the safety or developmental needs of Early Head Start or Head Start children.

Section 1304.3—Definitions

Paragraph (a) of this section provides definitions of the terms used throughout the proposed rule and paragraph (b) cross-references them to other definitions. Key words and phrases defined include: developmentally appropriate, family, infant, toddler, preschooler, assessment, policy group, program attendance, referral, staff, staff caregiver, teacher, and volunteer.

The definitions in this section are consistent with the definitions found in other Parts of this chapter and in other applicable Federal regulations. Among the other sources we consulted in developing these definitions are: the American Academy of Pediatrics, the American Public Health Association and the Health Resources and Services Administration's Maternal and Child Health Bureau's "National Health and Safety Performance Standards: Guidelines for Out-of-Home-Care" (1992); the American Heritage Dictionary, Houghton Mifflin Company: Boston (1992); the California Department of Education, Child Development Division's "Developmental Program for Infants/Toddlers" (1993); the Department of Public Welfare, Commonwealth of Pennsylvania, Pennsylvania Code (1992); the National Association for the Education of Young Children's "Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs" (1991); the Office of Human Development Services, U.S. Department of Health and Human Services, Chapter XIII, Subchapter B—the Administration on Children, Youth and Families, Head Start Program, 45 CFR Parts 1301–1308; the U.S. Department of Education, 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities; and the Administration for Children and Families, Child Abuse Prevention and Treatment Act, as amended, November 4, 1992.

Subpart B—Early Childhood Development and Health Services

General Objectives

The objective of this Subpart of the proposed rule is to provide high quality, comprehensive services that foster each child's social competence by supporting and nurturing the child's social, emotional, cognitive, and physical development. Agencies must provide a safe, comforting, stimulating, and secure environment for children that is responsive to their varied ages, developmental levels, and special needs. In addition, they must provide a variety of individualized learning experiences that accommodate each child's unique temperament, cultural and ethnic heritage, personal preferences, and style of social interaction. As the first and primary educators of their children, parents must be integrally involved in educational activities provided both by the program and in the home. The learning experiences also must be multi-dimensional, integrating the educational aspects of medical and dental health, nutrition, and mental health services into program activities.

Head Start services under this Subpart must place a great deal of emphasis on medical, dental, and mental health. Each child's physical and emotional health must be assessed as early in the program year as possible, and strenuous efforts should be made to link each child and family to a "medical home" or accessible system of ongoing preventive health care and treatment. To ensure the continued healthy development of children after they leave the Early Head Start or Head Start program, agencies must collaborate actively with parents as partners in their children's health care. Agencies must emphasize the benefits of preventive health care: for instance, they must help parents understand the link between sound nutritional habits and good health, and the importance of creating a nurturing environment that supports the mental well-being of children. Likewise, agencies must emphasize safety, sanitation, and hygienic practices that promote continued good health.

Every aspect of Head Start services under this Subpart must be responsive to children's individual strengths, circumstances and special needs. For example, the nutrition program must be sensitive to individual cultural and ethnic food preferences and accommodate special dietary requirements, while also helping children to broaden their nutritional experiences. Together, parents and staff must ensure that children with special behavioral or other mental health concerns receive appropriate mental health interventions and classroom accommodations that enable them to enjoy the full benefits of Early Head Start and Head Start participation. In addition, agencies must be prepared to handle individual health emergencies, injuries or infectious conditions that children may have in a manner that best promotes the recovery of the affected child and that minimizes any risks to other children, staff, and parents.

Consistent with these objectives, the proposed revisions would place more emphasis than the current regulation on issues such as: (1) The scope and quality of child assessments (including developmental and behavioral assessments); (2) the involvement of parents and families in the delivery of Head Start services and the promotion of healthy child development; (3) the recognition of individual needs and cultural and linguistic differences among children; (4) contemporary practices which promote the child's physical, dental and mental health; and (5) appropriate safety practices and procedures for addressing emergency health problems. The proposed revisions also incorporate requirements specifically related to the special developmental needs of infants and toddlers.

Section 1304.20—Child Health and Developmental Assessment

Objective

The objective of this section of the proposed rule is to ensure that all health and developmental concerns are identified for each enrolled child. Also, agencies must link children and families

to a system of ongoing preventive health care—a "medical home"—to ensure that health care needs are met, and can continue to be met, by the time the children and families leave the Early Head Start or Head Start program. Therefore, it is vitally important to the healthy development of children that staff actively involve parents as partners in their children's health care so that they can understand the importance of regular, ongoing preventive care and how to obtain it.

The picture of each child's development and physical health obtained during the assessment process must be used to individualize the program for each child to ensure that the child's potential is fully developed. In addition, the process must be used as the basis for further assessment and treatment, as specified in 45 CFR 1304.22.

Proposed Regulatory Provisions

(a) Assessment Process

The proposed rule would require an assessment which gathers and records, to the greatest extent possible, all relevant historical information about each child's health and development to enable a health professional's review of a child's status on established schedules of well child care and immunization no later than 90 calendar days from the first day of each child's enrollment in programs with durations of greater than 90 days. Grantee and delegate agencies operating programs of shorter duration (90 days or less) must gather the information and assure it has been reviewed by a health professional(s) within 30 calendar days after each child's enrollment in the program. Section 1304.20(a) of this Part cites the schedules of diagnostic procedures and immunizations that must be followed for each child and the sources of these schedules. These sources are: the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the schedule of well child care used by the Health Care Financing Administration's Medicaid Bureau for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for the State in which a Head Start program operates. The schedules must be compared with each child's historical health information to determine what, if any, procedures and/or immunizations are required.

When the health professional's review of a child's status on the schedules of well child care and immunization indicates the child's care/immunization are not up-to-date, then the program must work collaboratively with the parents to secure the specific diagnostic procedures and/or immunizations established in these schedules within 90 calendar days of the first day of the child's enrollment in the program. Grantees and delegate agencies operating programs of shorter duration (90 days or less) must implement a plan to secure the needed services/immunizations within 30 calendar days of the first day of enrollment in the program. For children who have received appropriate care, programs must ensure that appropriate care continues. The determination of appropriate care for a child will be based on the recommendations of the child's health care provider.

The new assessment process proposed in the revised standards builds in greater flexibility for local agencies, as they no longer will be required to secure the same set of assessment procedures for each enrolled child, but only those assessments which the review by health professional(s) identifies as not-up-to-date by the established schedules. Similarly, the expanded timeframes, from 45 to 90 days for most programs, provides greater flexibility for programs, and is based on feedback received during the focus groups that 45 days is often insufficient to complete the assessments, particularly in rural areas. The 30-day timeframe for programs operating 90 days or less is based on concerns, also expressed during the focus groups, that a shorter period is needed to assure that assessments are completed on all children before they leave programs of shorter durations, such as migrant programs.

The ACYF invites comments regarding the proposed 90- and 30-day timeframes. The ACYF is particularly interested in whether these timeframes would pose difficulties for grantee and delegate agencies, whether they would allow sufficient time to gather information, and the impact that these timeframes would have on the quality of health care received by children who are enrolled in the program.

(b) Parent Involvement in the Assessment and Treatment Process

Paragraph (b) specifies the procedures that agencies must follow to involve parents in their children's assessments and treatments. It includes provisions on parental education, obtaining authorizations for care (or documenting that such authorization was not obtainable), ensuring that parents are properly informed about assessments and the results of diagnostic and treatment procedures, and properly informing the child of pending procedures.

(c) Medical and Dental Health Assessment

Paragraph (c) specifies an updated list of items which must be included in the medical and dental health portion of the assessment, such as size measurements; blood pressure, urinalysis, tuberculosis, vision, and hearing tests; a check of immunization status; and other appropriate tests based on individual, group and community risks. These items will enable agencies to identify any deficiencies in the child's development or health care history and are in keeping with the recommendations of the major medical authorities previously cited.

(d) Developmental and Behavioral Assessment

Paragraph (d)(1) proposes requirements for the developmental and behavioral assessments which must be performed for all children. Such assessments must cover motor, language, cognitive or thinking, and perceptual skills and must be performed in accordance with the schedule referenced in section 1304.20(a)(2).

Agencies must involve mental health professionals in these assessments either as a full staff member or on a consultant basis. Also, they must consult a variety of information sources, including members of the child's family, teachers, and others, in gathering information on the child's social and emotional development. Further, the assessments must be culturally sensitive and linguistically and age appropriate for each child.

(e) Ongoing Assessment

Paragraph (e) proposes the requirements for ongoing assessments of health and development even when no specific need for follow-up has been identified. They specify the essential elements that must be included in these ongoing assessments, including regular observations of changes in physical appearance (e.g., illness), emotional and behavioral patterns; and developmental progress as well as the regular use of parental, staff, and mental health consultant observations.

(f) Individualization of the Program

Paragraph (f) provides that assessment, medical evaluation, and treatment results, as well as insights from the child's parents, must be used to help Early Head Start or Head Start staff and parent(s) determine how they can best respond to each child's individual characteristics and needs.

Individual Family Service Plans (IFSPs) must also be developed for each infant and toddler with an identified disability, if one has not already been developed, in accordance with Part H of the Individuals with Disabilities Education Act (IDEA).

The development of the IFSPs does not place an additional burden on Early Head Start or Head Start programs because no assessments are required by Head Start beyond what is stipulated in Part H. A seamless set of services can occur for children with disabilities since they can participate in Part H through Early Head Start or Head Start programs.

Section 1304.21—Education and Early Childhood Development

Objectives

The objective of this section of the proposed rule is to provide each child with a safe, nurturing, stimulating, enjoyable, and secure environment in order to help him or her gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life. The varied experiences provided to each child will help children achieve the overall goal of social competence through the acquisition of social, emotional, intellectual and physical skills in a manner appropriate to each child's age and stage of development. Program learning experiences must be tailored to each child's unique temperament, cultural and ethnic heritage, preferences, and style of interaction.

To provide each child with a comprehensive learning experience, the educational aspects of medical and dental health, nutrition, and mental health services must be integrated into the daily program of activities for children. As the primary educators of their children, parents must be integrally involved in the development of educational activities for the program and the home. Particular attention must be paid to the educational priorities of enrolled families and the local community when providing child development and education services.

Proposed Regulatory Provisions

(a) Child Development and Education Approach for All Children

Paragraph (a)(1) provides the general framework for the agencies' approach to child development and education services in keeping with the recommendations of such organizations as the National Association for the Education of Young Children. The approach must be developmentally and linguistically appropriate. The approach also must recognize individual preferences and individual patterns of development as well as different ability levels, cultures, ages, and learning styles.

Parents must be integrally involved in the development of the program's curriculum and approach to child development and education and must be provided opportunities to increase their child observation skills in order to help plan the learning experiences.

Paragraph (a)(3) specifies the practices that agencies must follow to support each child's social and emotional development. These include new or modified concepts, such as support and respect for home languages and cultures and the provision of an unrushed atmosphere and predictable routines and transitions.

Paragraph (a)(4) specifies the practices agencies must follow to support the development of cognitive and language skills. These include developmentally appropriate activities, the explicit encouragement of play and learning by doing in both indoor and outdoor settings, the provision of opportunities for self-expression through the arts, and support for developmentally appropriate literacy and numeracy development through materials and activities.

Subsection (a)(5) specifies the practices that agencies must follow to promote each child's physical growth. They include a slight modification to an existing standard addressing the provision of adequate time, space, equipment, and materials for active play or movement that support the development of large muscles, and require an appropriate environment for the participation of children with special needs.

(b) Child Development and Education Approach for Infants and Toddlers

Paragraph (b)(1) specifies the special environmental and developmental needs of infants and toddlers. It specifies the additional requirements agencies must meet in serving these youngest children.

Under paragraph (b)(1) agencies must provide an environment which helps infants and toddlers develop secure attachment relationships, develop trust and emotional security, and explore sensory and motor experiences. Paragraph (b)(2) specifies that they must also provide an environment which helps promote the social and emotional development of infants and toddlers. More specifically, the environment must encourage the development of self-knowledge, self-awareness, autonomy, self-expression, and the emergence of communication skills.

Paragraph (b)(3) specifies the environmental conditions which agencies must provide to promote the physical growth of infants and toddlers. They must provide opportunities for small-motor development that encourage the control and coordination of small, specialized motions. The environment also must support the development of the emerging physical skills of infants and toddlers (e.g., grasping, pulling, pushing, crawling, walking, and climbing); and support the appropriate use of toilet facilities (consistent with parental views).

(c) Child Development and Education Approach for Preschoolers

Paragraph (c) specifies the requirements needed to meet the special developmental and educational needs of preschoolers. For the first time, agencies are required to develop or select a curriculum with the parents and apply it consistently, while also recognizing the need for individualized activities that support each child's distinct pattern of growth and development. Likewise, agencies must ensure that the program environment helps children develop emotional security and facility in social relationships. Through different types of indoor and outdoor activities, agencies must promote a child's self-understanding and feelings of competence, self-esteem, and positive attitudes toward learning. We encourage comments on whether these requirements adequately address the developmental and educational needs of preschoolers to enable them to gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life.

Section 1304.22—Child Health and Safety

Objective

The objective of this section of the proposed rule is to support each child's healthy physical development through a range of medical and dental health treatments and through an emphasis on safety practices. Specifically, agencies must be prepared to handle health-related emergencies as well as any injuries, illnesses, or infectious conditions children may have in a manner that best promotes the recovery of the affected child and that minimizes any risks to other children and staff. In addition, agencies must emphasize the prevention of injuries, illness, and the spread of disease. Finally, agencies must actively involve parents in all aspects of

the medical and dental health area so that the parents understand the importance of regular preventive care and treatment and how to obtain them.

Proposed Regulatory Provisions

(a) Medical and Dental Follow-Up and Treatment

Paragraph (a)(1) proposes requirements for agencies related to referrals for medical and dental care, including further diagnostic testing, examinations, and treatment for each child with an observable, suspected, or known health or developmental problem. It specifies that these referrals must be made as early in the program year as possible unless parental authorization for such services is denied. Such denial must be documented. Paragraph (a)(2), as in the current regulation, sets forth the specific requirements for the treatment of the medical and dental conditions of each enrolled child. Additional standards on parent involvement are in 45 CFR 1304.20(b).

(b) Health Emergency Procedures

The proposed standards in this section have been developed to increase protections for enrolled children and to avoid potential legal liability problems for agencies. Paragraph (b) details the procedures agencies must employ to deal with medical and dental health emergencies. It first requires that agencies have written policies and procedures for responding to health emergencies with which all staff must be familiar and trained. These policies and procedures must include the posting of policies and plans of action for emergency situations where rapid response of the staff or immediate medical attention is required. Likewise, the location and telephone numbers of emergency care facilities and providers must be posted, and information about how to contact responsible family and staff members must be readily available.

Agencies must also post emergency evacuation routes and safety procedures for the handling of other types of emergencies (e.g., fire- or weather-related). (See 45 CFR 1304.53 of the proposed rule, Facilities, Materials, and Equipment, for additional, related requirements.)

In the event of emergencies involving enrolled children, agencies must have written procedures specifying how the parents would be notified. This section also requires that agencies establish methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable State laws.

(c) Conditions of Short-Term Exclusion and Admittance

The new standards in this section respond to current health practices (e.g., the Centers for Disease Control and Prevention, the Health Resources and Services Administration's Maternal and Child Health Bureau, the American Academy of Pediatrics) regarding ways to safeguard against the spread of serious illness while also protecting the civil rights of individual enrolled children. Paragraph (c) mandates that agencies must not deny program admission to or exclude any child from program attendance in center-based activities solely on the basis of his or her health care needs or medication requirements.

Paragraph (c)(2) specifies the conditions under which agencies must exclude ill, injured, or contagious children from program participation. A child must not be excluded if the program is able to make reasonable modifications in its policies, practices, and procedures which would enable the child to participate without fundamentally altering the nature of the program.

Regarding children with illnesses in center-based settings, paragraph (c)(3) mandates that agencies must use policies and procedures consistent with professionally established guidelines on short-term exclusions and readmittance of children. Agencies must also notify the parent or other authorized person immediately to take the excluded child home.

Paragraph (c)(4) requires grantee and delegate agencies to request that parents inform them of any health risks their child may pose which would require special health or safety precautions. When a child who may pose a health risk is enrolled, the agency must inform responsible staff of the child's condition so that they can take appropriate actions, including precautions. However, the sharing of this information must be consistent with any constraints imposed by the program's confidentiality policy.

(d) Medication Administration

Paragraph (d) specifies the procedures agencies must follow with respect to the administration of medications.

Agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. These procedures include those specified in 45 CFR 1308.18 as well as the need to label and store all medications safely and to train staff in appropriate techniques for administering, handling, and storing medications and the equipment used to administer them.

(e) Injury Prevention

Paragraph (e) proposes agency responsibilities to promote the prevention of injuries by fostering an awareness of safety concerns and safety practices, and by incorporating safety awareness into the program's regular education activities for children and parents.

(f) Hygiene

Paragraph (f) describes the hygienic practices that agencies must employ to prevent the spread of contagious diseases and to reflect contemporary medical practice and recommendations. We recognize that these requirements are very specific. However, we believe that the level of detail is needed because the regulations for the first time, cover services to infants and toddlers who are especially vulnerable to contagious illnesses and other health threatening conditions. Public Health officials who were consulted in the development of these standards stressed the need for clear requirements on hygiene. We welcome your comments on these requirements.

Paragraphs (f) (1), (2), (3), and (4) specify the minimum circumstances under which staff, volunteers, and children must wash their hands; that latex gloves must be worn by staff when in contact with spills of blood or other bodily fluids; and the additional clean-up and disposal procedures that agencies must follow when bodily fluids are spilled.

Paragraph (f)(5) provides that agencies must adopt diapering procedures that adequately protect the health and safety of children served by the program and staff. Agencies must also ensure that relevant staff are trained to follow these procedures properly.

Paragraph (f)(6) specifies the procedures which agencies must follow when potties are utilized in a center-based setting.

Paragraph (f)(7) specifies that, in programs serving infants and toddlers, agencies must provide space for each child's crib or cot to be at least three feet apart to avoid the spreading of contagious illness. We welcome comments about whether the proposed requirements regarding the spacing of cribs and cots would pose any difficulties for grantees.

(g) First Aid Kits

Under paragraph (g) agencies must maintain, at each site, well-supplied first aid kits that are appropriate for the ages served. They must keep these kits

readily available both at the site and on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children. Agencies are also responsible for ensuring that the kits are restocked after use and that inventories are conducted at regular intervals.

Section 1304.23—Child Nutrition

Objective

The objective of this section of the proposed rule is to supply nutritional care for enrolled children that supplements and complements that of the home and community. Further, nutrition staff must work collaboratively with parents to help them understand the link between nutrition and health, and must promote sound nutritional habits for each child and family that they will take with them when they leave the program. Agencies must use meal and snack times as social and learning opportunities to help toddlers and preschoolers develop social competence and knowledge about healthy eating. While the nutrition programs must be sensitive to individual cultural and ethnic food preferences and must accommodate special dietary requirements, at the same time, they must also help children broaden their nutritional experiences.

Proposed Regulatory Provisions

(a) Nutritional Assessment

Paragraph (a) of this section proposes requirements for agencies in identifying the nutritional needs of enrolled children. Many of these requirements are similar to existing regulations. Additions include: (1) taking into account information about family cultural preferences and infant and toddler feeding requirements; and (2) assessing detailed information on the feeding patterns and habits of infants and toddlers, updating this information regularly and sharing it daily with parents. This last standard is an important part of quality nutritional services for infants and toddlers and their families.

(b) Nutritional Services

Paragraph (b) specifies the requirements for agency nutritional services and indicates which requirements apply only to center-based programs.

It requires that agencies design and implement nutritional programs that meet the nutritional needs, feeding requirements, and feeding schedules of each child that are responsive to family, community, and cultural eating preferences and dietary choices. As in the current regulation, it specifies the quantities and kinds of food children must receive in center-based settings and the schedule in which they must receive it. However, the revised standards eliminate references to specific required intervals between meals for children aged 3 to 5 to avoid potential conflict with U.S. Department of Agriculture requirements in this area. The nutrition standards have been broadened to include infants and toddlers to ensure that they receive food appropriate to their nutritional needs, developmental readiness, and feeding skills. For example, infants and young toddlers who need it must be fed "on demand" to the extent possible or at specifically bounded intervals. In addition, agencies must comply with the more specific nutritional guidelines of the U.S. Department of Agriculture. Food served to preschoolers must use fat, sugar, and salt sparingly, in keeping with contemporary research (e.g., the U.S. Department of Agriculture, the National Center for Education in Maternal and Child Health) concerning proper nutritional guidelines that promote good health.

Finally, grantees must promote effective dental hygiene among children in conjunction with meals.

(c) Meal Service

As in the current standards, paragraph (c) specifies the conditions under which food must be served in center-based settings, with the expectation that nutritional services contribute to the development and socialization of enrolled children. The current standards make it clear that eating should be a communal and socializing experience for preschoolers, and the proposed standard extends this requirement to toddlers. Other additions include requirements that staff hold infants when feeding them and not put infants to bed with a bottle, in keeping with recognized medical authorities regarding infant safety. In addition, agencies must accommodate special medically based diets and other special dietary requirements. The current standard requiring child-sized utensils and furniture has been deleted in response to the recommendations made by staff of local Head Start programs during the focus groups.

Agencies should give children the opportunity to assist in meal preparation and service only when they are developmentally ready.

(d) Family Assistance with Nutrition

Agencies must assist individual families with food preparation and nutrition skills as part of their group socialization and parent education activities.

(e) Food Safety and Sanitation

Paragraph (e) specifies the practices that agencies must employ to ensure that food handling, preparation and consumption do not result in any safety risks.

The new standards require that agencies establish whether the food services with which they contract are properly licensed as an indication that they are in compliance with appropriate food safety and sanitation laws. Paragraph (e)(2) requires that programs serving infants and toddlers provide facilities for the proper storage and handling of breast milk for mothers who choose to breast feed their children.

Section 1304.24—Child Mental Health

Objective

The objective of this section of the proposed rule is to provide parents and staff with a better understanding of the contribution that mental health services can make to the well-being of each child. Specifically, parents and staff must understand the importance of creating a nurturing environment that supports the mental health of all children. Since parents are the primary nurturers of their children, their involvement in mental health services is especially critical in order to enhance their role in their child's mental wellness by the time they leave the Early Head Start and/or Head Start program. Together, parents and staff must ensure that children with special behavioral and mental health concerns receive appropriate mental health interventions that will enable them to enjoy the full benefits of Early Head Start and Head Start participation. Finally, staff must receive the professional guidance they need to design effective program interventions for children with special mental health and behavioral concerns.

Proposed Regulatory Provisions

(a) Mental Health Services

Paragraph (a)(1) describes the specific ways in which agencies must work collaboratively with parents to promote the mental health of their children, such as soliciting parental information, observations, and concerns about their child's mental health, and discussing and identifying with parents appropriate responses to their child's behavior.

Paragraph (a)(2) provides that agencies must secure the services of a mental health professional on a schedule of sufficient frequency to

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identify and respond to family and staff concerns about each child's mental health. This standard also addresses the concern of the Advisory Committee on Head Start Quality and Expansion about the need to assist those children who are facing an increasingly complex array of problems and family crises.

Paragraph (a)(3) specifies the topics of the mental health consultations that must take place among the mental health professional, program staff, and parents. New standards include consultation on how to design and implement program practices responsive to identified concerns and how to promote children's mental wellness through staff and parent education.

Subpart C—Family and Community Partnerships

General Objectives

The objective of this Subpart of the proposed rule is to ensure that each enrolled family is supported in fostering their child's development and in attaining their personal family goals. Agencies must create trusting partnerships with parents and families that build on family strengths and competencies and support their culture and language. An essential part of these partnerships is the voluntary involvement of parents in the full range of children's services, including opportunities to serve in the classroom and to assist with the choice of the program curriculum and the child development approach. Parents also must be viewed as integral partners in the processes of program planning, decisionmaking, and governance.

Agencies should work with families as partners to identify the personal goals of participating families, help them overcome barriers which prevent them from leaving poverty and help them gain the skills needed to foster healthy connections with their communities. Support should begin as soon as possible in the program year and should emphasize prevention and early intervention, rather than remediation and treatment. In addition, if families are not already linked to services in the community, agencies should serve as a single point of entry to help families find access to more specialized services and to assist them in establishing support networks in the community and among parents themselves that will promote family self-sufficiency beyond the Early Head Start and Head Start programs. When Head Start families are already working with another community agency to address family goals for self-sufficiency, the grantee or delegate agency must coordinate, to the greatest extent possible, with these other agencies and the family to avoid duplicative, or conflicting, efforts.

To achieve this goal of collaborative, integrated, and comprehensive services for families, agencies must provide the leadership necessary to create a community environment that is supportive of all low-income families and children, and a community network of coordinated, accessible services that is responsive to their needs. Agencies must work proactively to establish community partnerships that engage in collaborative action, including continuous community planning, service coordination, joint staff training, and the joint identification and resolution of service delivery problems. Special efforts must be made to establish fully functioning partnerships with local education agencies, such as coordination with Part H programs and schools providing Title I Improving America's Schools Act services to preschool children.

Section 1304.40—Family Partnerships

Objective

The objective of this section of the proposed rule is to build trusting relationships between grantees and parents that will assist parents in meeting their personal goals and in fostering their child's development. These relationships must be built by working with families in a variety of ways that are responsive to their individual circumstances and issues. Efforts must always be made to communicate and develop relationships with families in their primary language.

Family partnerships must be used by agencies to identify families' personal goals and the manner in which they can best be achieved. These goals may involve the fulfillment of a range of needs, such as housing, transportation, employment, and the development of effective parenting and household management skills. Likewise, each family may be wrestling with special concerns, such as domestic or community violence or substance abuse. Agencies must have the capacity and staff expertise to work intensively with families and link them to appropriate services in the community to address these individual concerns and to accomplish their personal goals.

In developing partnerships with parents, agencies must ensure that parents are included as integral members of the Early Head Start or Head Start team. As the primary educators of their children, agencies must encourage parents to assist in the development of all of their children's services, including the program's curriculum and child development approach. Specifically, staff should provide opportunities for parents to develop knowledge, skills, and experience in child development and education, health promotion and disease prevention, and family nutrition.

Agencies should also involve parents in assessing their children's individual progress and special needs and help them learn to advocate for their children's well-being in the community, including school and child development settings. Agencies must also assist parents in establishing individualized support networks in the community that will promote family self-sufficiency beyond their participation in the Early Head Start and Head Start programs.

While the participation of parents must remain voluntary, agencies should make concerted efforts to encourage such participation by demonstrating the importance of their participation as equal partners in the program and by accommodating the parents' schedules.

Proposed Regulatory Provisions

(a) Assessment and Goal Setting

This section of the proposed rule requires that agencies collaborate with families to build partnerships, establish mutual trust, and identify family goals, strengths, and necessary supports. Agencies must begin the process of building these partnerships as early in the program year as possible. This section responds specifically to the recommendation of the Advisory Committee on Head Start Quality and Expansion to "strengthen the assessment of family resources and needs."

As part of this partnership-building process, agencies must work with parents to help them develop and implement, throughout the year, individualized Family Partnership Agreements. These Agreements must describe family goals and responsibilities, timetables and strategies for achieving these goals, as well as progress toward achieving them.

The Family Partnership Agreements must appropriately reflect the information provided by the family and by other community agencies concerning preexisting family plans and goals to assist families toward the goal of self-sufficiency.

Agencies have a responsibility to provide parents with a variety of opportunities throughout the year to discuss their progress and to update the Family Partnership Agreement, as

necessary. In meeting these responsibilities, agencies must respect each family's cultural and ethnic background.

(b) Accessing Community Services and Resources

This section represents only a slight modification of the standards in the current rule under the social services component. Greater emphasis has been placed on referrals to services and resources that address the types of assistance contemporary families may require, such as counseling for problems related to substance abuse and domestic violence and for employment training and location services.

Paragraph (b)(1) requires agencies to collaborate with all participating parents to identify and access appropriate services and resources. These might include emergency or crisis assistance; education and other appropriate interventions regarding issues that place families at risk; and opportunities for continuing education and employment training and other employment services.

Paragraph (b)(2) specifies agency responsibilities to follow-up with parents when referrals are made to determine whether the family receives appropriate services on a timely basis and whether the services meet the family's needs. We welcome comments regarding the capacity of Head Start agencies to meet the requirement for staffing and resources.

(c) Services to Pregnant Women Who Are Enrolled in Programs Serving Pregnant Women, Infants, and Toddlers

In keeping with the mandates of both the Head Start Act, as amended, and the Advisory Committee on Services to Families with Infants and Toddlers that high quality services for infants, toddlers, and pregnant women be established, this section requires that agencies provide assistance to pregnant women in obtaining immediate access, through referrals, to comprehensive prenatal care and postpartum care, including early and continuing risk assessments, health promotion and treatment, and mental health interventions and follow-up, as needed. This set of standards also ensures strong preventive health care for both mothers and their infants.

Paragraph (c) requires that agencies provide pregnant women and other family members with prenatal education on a variety of specified issues. The information will be made available through coordinated efforts with local maternal and child health agencies. Under paragraph (c)(3), they must provide information on the benefits of breast feeding to all pregnant and nursing mothers and must also provide arrangements necessary to accommodate mothers who choose to breast feed in center-based programs.

(d) Parent Involvement—General

This section restates the general requirements of parent involvement contained in the current rule with only slight modifications.

(e) Parent Involvement in Child Development and Education

This section of the proposed rule lays out requirements for parental involvement in child development and education that are very similar to the requirements in the current rule.

Under paragraph (e)(3), agencies must directly or indirectly provide opportunities for children and families to participate in family literacy services by increasing their access to appropriate materials and services and by helping them recognize and address their own literacy goals.

(f) Parent Involvement in Health, Nutrition, and Mental Health Education

The requirements of this section are also similar to those contained in the current rule. Minor changes include requiring agencies to assist parents in understanding how to enroll and participate in a system of ongoing health care. In addition, mental health education must include opportunities for parents to discuss issues related to child mental health and to the mental health of their own child and family in particular.

(g) Parent Involvement in Community Advocacy

This section incorporates a number of standards in the current rule with only minor changes. The most notable addition is that agencies must provide a comprehensive community resource list, if available, to parents as part of the provision of the technical support necessary to enable parents to secure community assistance on their own behalf.

(h) Parent Involvement in Transition Activities

This set of standards responds to the provisions of the Head Start Act, as amended, to carry out specific actions to "promote the continued involvement of parents of children that participate in Head Start programs in the education of their children upon transition to school." Improved transition services are also key recommendations of both Advisory Committees. Agencies must assist parents in becoming their children's advocates as their children transition into Early Head Start or Head Start from the home or other child development settings and from Head Start to elementary school, Title I Improving America's Schools Act preschool programs or other placements.

Staff must work to prepare parents to become their children's advocates through such transition periods. At a minimum, they must meet with parents toward the end of the child's participation in the program to explain their child's progress while enrolled in Early Head Start or Head Start.

In order to promote the continued involvement of parents in the education and development of their children upon transition to school, agencies must give parents information about their rights and responsibilities within the school system and help them learn to communicate with school personnel and to participate in decisions related to their children's education. (See 45 CFR 1304.41(c) for additional standards related to children's transition to and from Early Head Start or Head Start.)

(i) Parent Involvement in Home Visits

This section augments the requirements of 45 CFR Part 1306 regarding home visits in all program options by making home visits as convenient and safe as possible for both parents and staff. As in the current regulation, agencies must not require that parents permit home visits as a condition of their child's participation. However, every effort must be made to explain the advantages of home visits to the parents.

In addition, whenever possible, home visits must be scheduled to permit the participation of both the enrolled child and the parents. Also whenever possible, staff must conduct home visits in all program options at times that are most convenient for the parents or primary caregivers.

Home visits conducted under the center-based program option may now take place outside the home, either at the parent's request or for safety reasons, at an Early Head Start or Head Start site or at another safe location that affords privacy.

Agencies serving infants and toddlers must arrange for health staff to visit newborns and their families within two weeks after the infant's birth to ensure the well-being of both the mother and child.

Section 1304.41—Community Partnerships

Objective

The objective of this section of the proposed rule is to ensure that Early Head Start and Head Start agencies become active partners in their communities, both to advocate for low-income families and to help create a community environment that shares responsibility for the healthy development of all of its children. Successful partnerships require proactive behavior on the part of Early Head Start and Head Start programs, and involve the commitment of significant staff time and agency resources. Grantee and delegate agencies must provide leadership in the community by working with parents and other service providers to promote access to appropriate services that will enhance each family's well-being and their movement toward self-sufficiency. Agencies also must engage in continuous community planning to promote collaborative action with other agencies in order to improve, share and augment services, staff, information and funds. This includes service coordination, joint training, and the joint identification and resolution of service delivery problems.

Proposed Regulatory Provisions

(a) Partnerships

As a way of addressing the Advisory Committee on Head Start Quality and Expansion's concern about local agencies' struggles with planning and the coordination of services, and to promote the Advisory Committee on Services to Families with Infants and Toddler's Program Cornerstone of Community Building, the standards in this section have been augmented to encourage greater collaboration on the part of Early Head Start and Head Start agencies with other community service providers that will enhance family services.

Paragraph (a)(1) requires that agencies take an active role in community planning to ensure strong communication, cooperation, and the sharing of information among grantees and their community partners and to improve the delivery of community services to children and families. (See 45 CFR 1304.51 for additional planning requirements.)

To promote access to community services that are responsive to their clients' needs and to ensure that Early Head Start and Head Start programs respond to community needs, agencies must take affirmative steps to establish collaborative, ongoing relationships with community organizations including health providers; mental health providers; providers of nutritional services; providers of services to children with disabilities and their families; family support and resource organizations; providers of family preservation and support services; children's protective services; educational and cultural institutions; and child care providers. (See the existing regulations at 45 CFR 1308.4 for specific service requirements for children with disabilities and their families.)

Agencies also must perform outreach to encourage appropriate individuals from the community to participate as volunteers in the Early Head Start and Head Start programs.

To enable the effective participation of children with disabilities and their families, agencies must make specific efforts to develop interagency agreements with local educational agencies (LEAs) and other agencies within their service area. (See 45 CFR 1308.4 for specific requirements concerning interagency agreements.)

(b) Advisory Committee

Paragraph (b) requires that agencies establish and maintain a Health Services Advisory Committee which includes professionals and volunteers from the community. Agencies also must establish and maintain other Advisory Committees, as they deem appropriate, to address service issues and to help agencies respond to community needs. While a number of focus group participants strongly recommended that additional Advisory Committees in other areas beyond Health Services be required, these recommendations were not implemented to allow latitude for agencies to establish any additional Advisory Committees that they deem would be appropriate for their local programs.

(c) Transition Services

The following group of standards respond specifically to the new statutory requirements for transition services as well as to the recommendations of both Advisory Committees that program transition activities be addressed in the standards. These new requirements closely parallel the language of the Head Start Act, as amended. Agencies must establish and maintain procedures to support the successful transition of enrolled children and families from previous child care and development programs into Early Head Start or Head Start and from Head Start into elementary school, Title I Improving America's Schools Act preschool programs, or other child care settings. They must coordinate with appropriate agencies, and among migrant programs, on the transfer of records; perform outreach to encourage staff to communicate with their counterparts in the school and other child care settings; initiate meetings involving parents and teachers to discuss the developmental progress and abilities of individual children; and initiate joint transition-related training with school or other child development staff. (See the proposed rules at 45 CFR 1304.40(h) for requirements related to parental participation in their child's transition to and from Early Head Start or Head Start.)

Subpart D—Program Design and Management

General Objective

The objective of this Subpart of the proposed rule is to provide the foundation for quality services to children and families. Strong, committed governing bodies and policy groups that represent Early Head Start and Head Start parents and the larger community must be established to provide effective leadership to and oversight of the program. Effective management systems and procedures must be in place to support the implementation of program services, such as systematic program planning procedures, responsive and smooth communication systems, and efficient record-keeping and reporting systems. In addition, agencies must create processes for program self-assessment and delegate agency monitoring that ensure that progress in meeting program objectives is carefully monitored and that program weaknesses are identified and remedied.

Since the success of local programs depends, in large part, on the quality of its staff, agencies must also implement human resource management systems that ensure that dynamic, highly qualified staff are selected for employment and that staff and volunteers are supported in their work at the Early Head Start and Head Start programs. Agencies must establish effective organizational structures that encourage a coordinated, team approach to service delivery. They also must ensure that staff to child ratios and classroom sizes are small enough to support optimal caregiving relationships and individualized program activities that protect the children's safety. In addition, agencies must set reasonable job expectations for staff that are commensurate with their demonstrated

skills and experience. Finally, agencies must support staff and volunteers in meeting the challenges they face in their jobs by providing adequate and appropriate supervision, regular feedback, and structured opportunities for professional development.

The provisions of this Subpart also ensure that program facilities, materials, and equipment support appropriate child development practices and the program's unique features and design. Facilities, materials, and equipment must be safe, developmentally appropriate, and accessible to all children. In choosing an Early Head Start or Head Start site, agencies must make the selection based on the findings from the Community Needs Assessment and must be responsive to the needs and circumstances of the community, children, and families served and aware of environmental and safety risks that may affect the healthy growth and development of children.

Section 1304.50—Program Governance

Objective

The objective of this section of the proposed rule is to ensure that each local agency establishes governing bodies and policy groups to oversee the implementation of the Head Start legislation, regulations, and policies and to ensure that the program delivers high quality, comprehensive services to enrolled children and families. As stewards of the local program, the members of the local policy groups, including Policy Councils, Policy Committees, and Parent Committees, must adequately represent Early Head Start and Head Start parents as well as individuals and organizations in the larger community who have a concern for low-income families and their children. In order to serve the local program well, members of the policy groups must understand and perform a number of key oversight functions with dedication and care. Performing these responsibilities should be an experience of growth and empowerment for parents.

Proposed Regulatory Provisions

(a) Policy Group Structure

As in the current standards, paragraph (a) sets forth the requirements for a formal structure of governance which enables parental participation in policy-making and program operations. The regulation is unchanged for grantee agency Policy Councils and delegate agency Policy Committees. Center Committees have been renamed Parent Committees, which must be established at the center level for center-based programs. For other program options, a Parent Committee must be established at the local program level.

Furthermore, it states that all policy groups must be established as early in the program year as possible, and that Policy Councils and Policy Committees may not be dissolved until their successors are both elected and seated. It then provides clarification that the governing body (formerly called the "corporate board") and the Policy Council or Policy Committee may not have identical memberships and functions. While none of the focus groups expressed any major concerns about the current requirements regarding policy groups, we welcome any comments you may have in this area.

(b) Policy Group Composition and Formation

Proposed regulations as to whether such groups, as defined in the regulation, provide sufficient flexibility to meet local program needs do not differ substantially from the current regulation. Minor changes have been made to provide clarification or to increase agency flexibility.

Paragraph (b)(1) sets forth requirements regarding the composition and procedures by which policy group members are chosen, which must be determined by the governing body of each program and approved by the Policy Council or Policy Committee consistent with the regulations in this Part.

Policy Councils and Policy Committees must include the parents of currently enrolled children and community representatives. At least 51 percent of the members of each of these policy groups must be the parents of currently enrolled children.

All parents of currently enrolled children serving on policy groups must stand for election or re-election annually.

Policy Councils and Policy Committees must establish and maintain procedures for selecting community representatives to serve on the Policy Councils or Policy Committees. Community representatives must be drawn from the local community and from local organizations that have a concern and provide resources and services to low-income children and families. Community representatives may include the parents of formerly enrolled children.

To provide greater flexibility to local agencies, Policy Councils and Policy Committees must determine and establish the terms of membership for their policy groups.

Early Head Start or Head Start staff and agency managers with responsibility for the program (and members of their families) may not serve on the Policy Councils or Policy Committees.

Parent Committees must be comprised exclusively of the parents of currently enrolled children.

The parents of children currently enrolled in all program options must be adequately represented on established policy groups.

Paragraph (c) sets forth the minimum responsibilities for each of the three types of policy groups that are described in Appendix A of Section 1304.50.

(d) The Policy Council or Policy Committee

The responsibilities of Policy Councils and Policy Committees have remained almost exactly the same as in the current regulation. Policy Councils and Policy Committees must help develop, review and approve or disapprove major governance and management policies and procedures connected with local Early Head Start or Head Start programs. These include: (1) Applications for grants and application amendments (including indirect cost rates, program budgets, and operational plans); (2) procedures describing how the governing body and the appropriate policy group will implement shared decision-making; (3) program planning procedures; (4) agency philosophy statements and statements of program objectives; (5) the selection of delegate agencies and their service areas (applies only to Policy Councils); (6) group compositions and procedures by which policy group members are chosen; (7) recruitment, selection and enrollment policies; and (8) procedures for the agency's annual self-assessment of its progress in carrying out the programmatic and fiscal intent of its grant application, including any planning actions that may result from the review of the annual audit and the Federal Performance Monitoring Review.

With respect to personnel administration, Policy Councils and Policy Committees must help to develop, review and approve or disapprove: (1) Program personnel policies and policy changes (including standards of conduct); and (2) decisions to hire and terminate any person paid from Early Head Start or Head Start funds, including the Early Head Start or Head Start director.

Under paragraph (d)(2), Policy Councils and Policy Committees also have responsibility for a number of parent and community outreach

activities. They must: (1) Serve as a link to the Parent Committees, agency governing bodies, public and private organizations, and the community; (2) assist Parent Committees in communicating with parents to ensure that they understand their rights and opportunities as program participants; (3) assist Parent Committees and staff in planning, coordinating, and organizing program activities for parents; (4) assist in recruiting volunteer services and in mobilizing community resources; and (5) establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program.

(e) Parent Committee-

Under paragraph (e), the minimum responsibilities of Parent Committees include: (1) Advising Early Head Start and Head Start staff in developing and implementing local program policies, activities and services; (2) planning, conducting, and participating in activities for parents and staff; and (3) consistent with the guidelines established by the governing body, Policy Council, and Policy Committees, participating in staff recruitment and screening.

(f) Policy Group Reimbursement

To enable full participation by low-income individuals in policy group activities, agencies must provide reimbursements for reasonable, activity-related expenses, if necessary.

(g) Governing Body Responsibilities

In response to the many comments received from local Head Start agencies during the focus groups, agencies must have written policies defining the roles and responsibilities of governing body members and informing them of the management procedures and functions necessary to implement a high quality program.

(h) Internal Dispute Resolution

In response to the specific statutory requirement regarding mediation procedures in section 646 of the Head Start Act, as amended, each agency and Policy Council or Policy Committee must jointly establish written procedures for resolving internal disputes, including impasse procedures, resulting from shared decision-making responsibilities. We are developing mediation procedures implementation at the Federal level as required by section 646, when needed.

Section 1304.51—Management Systems and Procedures

Objective

The objective of this section of the proposed rule is to ensure that local agencies are performing the management functions necessary to enhance staff performance; deliver high quality services to children and families; and comply with Federal, State, and local laws. Specifically, they must conduct systematic program planning to guide staff in the accomplishment of program goals and objectives and in the delivery of responsive program services in a timely and fiscally responsible manner. In addition, communications must flow easily among governing bodies, policy groups, staff, families, and the larger community, and must respond rapidly to ongoing informational needs. Record-keeping and reporting systems also must support the program's informational needs in a timely and efficient manner, while ensuring that the privacy of staff and families is protected. Finally, self-assessment and delegate monitoring procedures must ensure that progress in meeting program objectives is carefully and regularly evaluated and that program weaknesses are identified and addressed.

Proposed Regulatory Provisions

The proposed standards in the Management Systems and Procedures area directly respond to Section 641A(a)(1)(B) of the Head Start Act, as amended, which requires the establishment of administrative and financial management standards.

(a) Program Planning

Paragraph (a) sets forth the requirements for agencies in developing and implementing a program planning process. These standards have been strengthened in accordance with the Advisory Committee on Head Start Quality and Expansion's concern about the need to strengthen local program planning and in response to focus group requests for the delineation of a specific planning process in the standards. The process must be systematic and ongoing; and include consultation with the program's governing body, policy groups, program staff, and other community organizations. The program planning activities, per se, must include: (1) An assessment of community strengths, needs and resources, in accordance with the requirements of 45 CFR Part 1305; (2) the formulation of "long-range" program goals and short-term program and financial objectives; and (3) the development of written implementation plans for each program area covered by this Part (i.e., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management).

(b) Communications—General

Standards on communications in this section simply represent a reorganization and compilation of current standards and pre-existing On-Site Program Review Instrument (OSPRI) requirements (which are based on the current standards) regarding communication. No new requirements have been added. Paragraph (b) provides that agencies must establish and implement systems to ensure the timely and accurate provision of information to parents, policy groups, staff, and the general community.

(c) Communication With Families

Paragraph (c) requires that agency systems ensure regular, effective two-way comprehensive communication between staff and parents. Written and oral communications must be carried out in the parents' primary language or through an interpreter, to the extent feasible.

(d) Communication With Governing Bodies and Policy Groups

As in the current regulation, paragraph (d) requires that governing bodies and members of policy groups, including Policy Councils and Policy Committees, regularly receive information, such as policy guidances and other communications.

(e) Communication Among Staff

This section requires that agencies have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

(f) Communication With Delegate Agencies

This section partially fulfills the statutory requirements of Section 641A(a)(4) of the Head Start Act, as amended, regarding the establishment of standards relating to obligations to delegate agencies. Grantees must have procedures for ensuring that the governing bodies, Policy Committees, and all staff of the grantee and delegate agencies receive regulations, policies, and other pertinent communications in a timely manner.

(g) Record-Keeping Systems

The proposed standard requires grantees to establish and maintain record-keeping systems on children,

family and staff under the program. Comments are invited about whether the standards should require that record-keeping systems be supported by appropriate computer technology, and whether such a requirement would pose an unreasonable burden for programs.

(h) Reporting Systems

The proposed standards respond to statutory requirements for administrative and financial management standards. Again, however, ACYF welcomes comments regarding the perceived burden of these standards and whether ACYF should require that reporting systems be supported by appropriate computer technology.

Paragraph (h) specifies the functions the agency reporting systems must perform. Agencies must establish and maintain efficient and effective reporting systems. The systems must generate regular financial and program reports and official reports as required by Federal, State, and local authorities.

(i) Program Self-Assessment and Monitoring

Under paragraph (h), agencies must conduct a self-assessment at least once each program year in consultation with other community agencies to evaluate their effectiveness and progress in meeting their program goals and objectives. Agencies also must consult with their policy groups and secure their participation in the conduct of these self-assessments.

Grantees must also establish and implement procedures for the periodic monitoring of delegate agencies and their compliance with Federal regulations. If grantees identify any deficiencies in delegate agency operations, they must inform the governing bodies of the delegate agency and assist the delegate agency in developing plans, including a timetable, for addressing the problems which were identified. This standard also responds to the statutory requirement to develop standards relating to obligations to delegate agencies.

Section 1304.52—Human Resources Management

Objective

The objective of this section of the proposed rule is to ensure that programs recruit and select dynamic, well-qualified staff who possess the skills and experience needed to provide high quality, comprehensive services to children and families in the program. Staff selected for employment in Early Head Start or Head Start should be knowledgeable about the community served by the program in order to enhance the delivery of services. In addition, they should be assisted by the program to seek out opportunities for the development of new skills and competencies that will improve their job performance. Since no one staff member can possess all of the knowledge and skills necessary to provide the wide-ranging services offered, staff members should be selected for their ability to work as members of a productive, mutually supportive team. Finally, staff must be willing to abide by the program's strict standards of conduct for interacting with children and families and must be of sound physical and emotional health

Another objective of this section is to ensure that local agencies provide an environment that is strongly supportive of program staff and volunteers. First, agencies must establish dynamic and effective organizational structures that encourage a coordinated, team approach to service delivery. Second, agencies must ensure that staff to child ratios and classroom sizes are small enough to support optimal caregiving relationships and individualized program activities. Next, agencies must set reasonable job expectations for staff that are commensurate with their demonstrated skills and experience. Finally, agencies must support staff and volunteers in meeting the challenges they face in their jobs by providing adequate and appropriate supervision, feedback, and opportunities for professional development.

The inclusion of detailed requirements for staff qualifications reflect ACYF's commitment to improving the quality of services and program management as well as a strong consensus among the sources consulted about the need to strengthen requirements in these areas.

Proposed Regulatory Provisions

(a) Organizational Structure

In keeping with the Advisory Committee on Head Start Quality and Expansion's recommendation to focus on staffing plans and personnel policies, and with the statutory requirement to improve administrative and financial management, paragraph (a) provides that agencies must employ (and document) an organizational design that supports the accomplishment of program objectives. The documentation must set forth the major roles and responsibilities of each staff position and demonstrate that adequate mechanisms for staff supervision and support are in place. However, the proposed standard is structured to promote the maximum flexibility possible on the part of local agencies in carrying out its provisions.

At a minimum, agencies must formally assign responsibilities for program management (i.e., to the Early Head Start or Head Start director); for management of the different child development services; and for management of family and community partnerships, including parent activities.

(b) Staff Qualifications—General

Some of the requirements in this section are very similar to those in the current rule. In addition, however, agencies must ensure that staff have the knowledge, skills, and experience needed to perform their assigned roles and functions responsibly. Although this has been a long-standing unstated requirement of local agencies, it is now stated explicitly to respond to the concerns of the Advisory Committee on Head Start Quality and Expansion about staff qualifications and to the mandate of Section 644(a)(2) of the Head Start Act, as amended, to "assure that only persons capable of discharging their duties with competence and integrity are employed.* * *" Agencies must also ensure that managers, supervisors, fiscal officers, classroom teachers, staff working with infants and toddlers, home visitors, health staff, mental health professionals, and nutritionists and dieticians meet more specific qualification requirements, as noted below.

(c) Management Staff Qualifications

The proposed standards related to management staff qualifications respond to the Advisory Committee on Head Start Quality and Expansion's concerns about staffing and to statutory requirements that standards for administrative and financial management and staff qualifications be established. The proposed standards, however, broadly require agencies to hire staff with relevant "training and experience" to give local agencies as much flexibility as possible in meeting them. The ACYF welcomes comments regarding the perceived burden of these proposed standards.

Paragraph (c) includes specific qualification requirements that apply to staff responsible for agency management.

The Early Head Start or Head Start director must have training and experience relevant to early childhood or human services program management.

Agencies must secure, on a regularly scheduled or ongoing basis, the services

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of a Certified Public Accountant (CPA) or an individual with other appropriate credentials to serve as fiscal officer.

Staff managing education services must meet the requirements specified in section 648A(a)(1) of the Head Start Act (and referenced in 45 CFR 1306.21). They must also have training and experience in such areas as the theories and principles of child growth and development, early childhood education, and family support.

Staff managing health services must have training and experience in public health, nursing, health education, prenatal and postpartum care or health administration.

As in the current regulation, a certified or licensed nutritionist or dietician either must manage the nutrition services as a full-time staff person or supervise the nutrition services on a periodic and regularly scheduled basis.

Staff managing family and community partnership services must have training and experience in field(s) related to social, human or family services.

Staff managing parent involvement services must have training, experience and skills in assisting the parents of young children in advocating and decision-making for their families.

Staff managing disability services must have training and experience in securing and individualizing needed services for children with disabilities.

(d) Mental Health Professional Qualifications

In order to respond effectively to the complex contemporary challenges facing many of the families served by Early Head Start and Head Start programs, a licensed or certified mental health professional with experience and expertise in serving young children and their families must provide services to these programs on a regularly scheduled basis. The ACYF welcomes comments about whether this proposed standard places a reasonable burden on local agencies.

(e) Health Staff Qualifications

To the extent that health staff perform health screenings, immunizations, or other health procedures for children, they must have appropriate professional licenses or certification to perform those procedures. The proposed standard simply states this requirement explicitly.

(f) Infant and Toddler Staff Qualifications

A necessary feature of high quality programs for infants and toddlers, supported by research, is that staff working with infants and toddlers have the training and experience necessary to develop consistent, stable, and strongly supportive relationships with very young children. This paragraph cross references the qualifications in section 648A of the Head Start Act which includes as one possible qualification persons who have earned a Child Development Associate (CDA) credential. In addition to the statutory qualifications, they must also have knowledge of infant and toddler development and of methods for communicating effectively with infants and toddlers, their parents, and other staff members. The ACYF welcomes comments, however, on whether the qualifications that are cross-referenced pose implementation problems for grantees and delegate agencies.

(g) Standards of Conduct

The proposed standards on staff standards of conduct respond to the recommendations of focus group participants that specific staff standards of conduct be established to safeguard children, families, and staff themselves from perceived or actual abuse or civil rights violations that may inadvertently occur during program hours as a result of staff actions. In addition, these proposed standards comply with section 644(a)(2) of the Head Start Act, as amended, to "assure that only persons capable of discharging their duties with competence and integrity are employed..."

Agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct. These standards must protect against stereotyping and abuse and help ensure confidentiality, child safety, and appropriate (positive) disciplining methods.

Agency standards of conduct must also cover the award and administration of contracts or other financial awards for individuals engaged in such activities. Employees may not solicit nor accept personal gratuities, favors or anything of significant monetary value from contractors or potential contractors.

Personnel policies and procedures must include provision for appropriate penalties for violating the standards of conduct.

(h) Staff Performance Appraisals

Agencies must conduct annual performance reviews of each staff member and use the results to assist staff in improving their skills and professional competencies. This proposed standard responds, in part, to section 644(a)(2) of the Head Start Act, as amended, which requires that "* * * employees are promoted or advanced under impartial procedures calculated to improve agency performance and effectiveness."

(i) Staff and Volunteer Health

The following proposed standards augment current standards on staff and volunteer health and conform to the latest recommendations of leading health authorities (e.g., the Centers for Disease Control and Prevention) regarding methods for ensuring that, insofar as possible, both staff and child health are protected in local program settings. Staff members must have regular, ongoing health appraisals, including tuberculosis tests, as recommended by their health care provider or as mandated by State and local laws.

Agencies must ensure that volunteers are screened for tuberculosis before having contact with children. In no event may such screenings be conducted less frequently than every two years.

Agencies must provide assistance to staff with mental health and wellness concerns that may affect their job performance.

(j) Staffing Patterns

Agencies must meet the requirements of 45 CFR 1306.20 and current requirements under this Part regarding program staffing patterns and communication with families.

Two proposed standards have been added to ensure proper staff to child ratios for very young children, as recommended by current literature and by the Advisory Committee on Services to Families with Infants and Toddlers. Agencies must ensure that each staff caregiver working with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one room. Agencies serving mixed age groups must ensure that each staff member has responsibility for no more than six children, of which no more than two may be infants or toddlers. We welcome comments on these staff to infant/toddler ratios.

Also, to improve safety protections for children and to guard against legal liability problems for local agencies, the methods used by staff to supervise the outdoor and indoor play areas must ensure that children's safety can be easily monitored.

(k) Training and Development

The proposed standards on training and development have been added to meet the recommendations of the

Advisory Committee on Head Start Quality and Expansion to focus more strongly on staffing, training, and career development. However, in order to protect local agency flexibility, these standards are presented in general terms, and do not specify the particular topical areas in which staff must be trained, as they do in current regulation. The one exception is the specification that management training be provided to governing body and Policy Council and Policy Committee members, since this was a specific recommendation of the Advisory Committee.

Agencies must provide an orientation to all new staff, consultants, and volunteers. This orientation must cover, as required in the current rule, the goals and philosophy of Early Head Start and/or Head Start and the ways in which they are implemented in the local program.

Similar to the requirements of the current rule, agencies must also establish and implement a structured approach to staff training and development for program staff and volunteers that includes academic credit, where possible, so that they will have the knowledge and skills needed to fulfill their job responsibilities in accordance with the requirements of 45 CFR 1306.23.

This approach must include an ongoing education program which is responsive to the needs of relevant staff and volunteers.

Agencies also must provide training to governing body members and Policy Council and Policy Committee members which will enable them to carry out their program governance responsibilities effectively.

Section 1304.53—Facilities, Materials, and Equipment

General Objectives

The objectives of this section of the proposed rule are to ensure that agencies plan carefully to provide facilities, materials, and equipment that support appropriate early child development and education practices and the unique features of the program, such as size, choice of program option, service emphases, local community resources, and the special circumstances of enrolled children and families. The facilities, materials, and equipment must be safe, developmentally appropriate, and accessible to all children. It is important to note that these standards refer exclusively to facilities, materials, and equipment owned and managed by local agencies and not to those owned by enrolled families. In choosing an Early Head Start or Head Start site, agencies must be responsive to the needs and circumstances of the community, children, and families served and aware of environmental and safety risks that may affect the healthy growth and development of children.

Proposed Regulatory Provisions

(a) Head Start Physical Environment and Facilities

The proposed standards in this section augment those contained in the education component of the current regulation (45 CFR Part 1304.2–3) in keeping with the recommendation of the Advisory Committee on Head Start Quality and Expansion that additional regulations on facilities be established and the requirement in Section 641A(a)(1)(C) of the Head Start Act, as amended, for standards addressing the condition and location of facilities. In addition, the proposed standards have been expanded to address safety concerns related to infants and toddlers and to conform with the recommended standards of leading public health authorities (e.g., the Health Resources and Services Administration's Bureau of Maternal and Child Health in the U.S. Department of Health and Human Services and the American Academy of Pediatrics).

As in the current regulation, the Early Head Start or Head Start facility and physical environment must be both conducive to learning and reflective of the different stages of development of each child. To ensure that the standards are applicable to all program options, agencies must strive to achieve such an environment in their respective program settings.

Also as in the current regulation, agencies operating center-based programs must provide appropriate space, organized into functional areas, for program activities. (See 45 CFR 1308.4 for specific access requirements for children with disabilities.)

To provide strong safety protections for infants and toddlers, the indoor and outdoor space in Early Head Start or Head Start centers used by mobile infants and toddlers must be located away from general walkways and from areas used by older children.

As an explicit statement of a traditionally implicit requirement, agencies must provide for the maintenance, repair, and security of all Early Head Start and Head Start facilities, materials and equipment.

Agencies operating center-based programs also must provide an indoor and outdoor environment free of toxins, such as cigarette smoke, pesticides, herbicides, other air pollutants, and soil and water contaminants. No child may be present when pesticide or herbicide spraying is conducted. The inclusion of pesticides and herbicides in the proposed standard responds to the particular concerns of migrant programs.

As in the current regulation, agencies must provide barriers for outdoor play areas at center-based programs which prevent children from wandering away and getting into unsafe and unsupervised areas. To promote child safety and reduce agency liability concerns, children must not be exposed to vehicular traffic without supervision when enroute to play areas.

Agencies must conduct annual safety inspections of their facility's space, light, ventilation, heat, and other physical systems to ensure that they are consistent with the health, safety and developmental needs of children. At a minimum, they must meet specific requirements related to the safety and effectiveness of the facility required by the current regulation. Minor changes include proposed standards regarding a safe and effective cooling as well as heating system; the flammability of furnishings, decorations and materials that emit toxic fumes when burned; appropriate numbers of smoke detectors; the visibility and posting of exits and evacuation routes; protections for electrical outlets and glass doors and windows; and the location of diapering activities.

(b) Head Start Equipment, Toys, Materials, and Furniture

The proposed regulations pertaining to furniture, equipment, and materials owned and operated by grantee or delegate agencies are almost identical to those contained in the current rule. However, in keeping with current public health advice, infant and toddler toys must be made of non-toxic materials that can be sanitized.

Subpart E—Implementation and Enforcement

General Objectives

The objective of this Subpart of the proposed rule is to ensure quality across programs serving children ages 3 to 5 by requiring that areas of non-compliance or deficiencies with the Head Start Program Performance Standards and regulations be remedied as quickly as possible and that poorly performing programs be terminated. These proposed standards are drawn from the specific statutory language of section 641A(d) (1) and (2) of the Head Start Act, as amended, concerning corrective

actions and quality improvement plans for poorly performing agencies. They also respond to the recommendation of the Advisory Committee on Head Start Quality and Expansion that prompt action be taken to address concerns with poorly performing agencies.

Section 1304.60—Compliance

Proposed Regulatory Provisions

Head Start grantees and delegate agencies funded for indefinite project periods as specified in 45 CFR 1304.2 must comply with the requirements of Part 1304 within 6 months after the date of publication of the final rule. The ACYF invites comments about whether the six-month timeframe poses particular difficulties for programs.

The proposed regulations in this section differ from those in the current rule regarding the processes grantee and delegate agencies must follow in eliminating areas of non-compliance with the program performance standards. In accordance with 641A(d) of the Head Start Act, as amended, a new distinction is made between "non-compliance" (i.e., a single instance of a grantee's failure to conform to some specific requirement) and "deficiencies" which involve a grantee displaying such serious problems in one or more areas of its program that the grantee's ability to provide quality Head Start services is being compromised. Less critical areas of non-compliance must be remedied within 90 days.

Section 1304.61—Quality Improvement Plan

Proposed Regulatory Provisions

Programs with areas of non-compliance that constitute a program deficiency must submit a Quality Improvement Plan to the responsible HHS official. This plan, if approved, must be implemented within a time period not to exceed 12 months.

Other Regulatory Changes

Revisions to 45 CFR 1301.31—Personnel Policies

This section has been revised to reflect clarifications and policy updates (including guidance received from the Advisory Committees and the focus groups) on the requirements governing personnel policies that grantees and delegate agencies must meet to operate a quality Head Start program in accordance with the Head Start Act, as amended and the implementing requirements in 45 CFR Chapter XIII, Subchapter B. For the most part, each paragraph has been expanded or updated depending on the need.

The current regulations at section 1301.31(a), among other things, require Head Start agencies to establish and implement personnel policies for themselves and their delegate agencies and list the minimum areas which the policies must govern. The proposed revisions to this paragraph extends the requirement for setting up personnel policies to grantee and delegate agencies for the purpose of flexibility.

Proposed paragraph (a) requires grantees and delegate agencies to have written policies, which the Policy Council must approve, that govern staff, consultants, and volunteers. The policies must cover: (1) Staff qualifications, paragraph (f) of the current regulation with modifications; (2) procedures for recruitment, selection and termination, paragraph (a) of the current regulation but now expanded; (3) standards of conduct, not in the current regulation; (4) training and development, in paragraph (a) of the current regulation but expanded; and (5) staff performance appraisals, paragraph (a) of the current regulations but expanded. With the exception of the requirement for recruitment, selection, and termination policies, the details for the other policies are cross-referenced to specific sections of the performance standards at 45 CFR Part 1304. The requirement for written standards of conduct is proposed to be added to this paragraph in order to assure that staff and volunteers have a document they can refer to on such matters.

Paragraph (a) also proposes to add requirements for a written policy on employee-management relations which was in current regulation but has been expanded and now contains assurances of non-discrimination. In addition, references to "volunteers" have been incorporated throughout this paragraph, as appropriate, to ensure that this important group is covered by the written policy.

Proposed paragraph (b) combines paragraphs (c), (e), and (g) of the current regulation, but with edits and one additional requirement. It sets forth the requirements for staff recruitment and selection procedures and contains requirements related to the conduct of interviews, verifications of personal and employment references, criminal records checks, and signed declarations by all current and prospective employees regarding criminal arrests/charges and convictions related to child abuse and neglect. The new provision in paragraph (b) requires grantee and delegate agencies to perform outreach services to encourage individuals from the community to participate as volunteers in Early Head Start and Head Start programs. Paragraph (c), as proposed, retains the declaration exclusions which are in paragraph (d) of the current regulation. Modifications have been made, as necessary, in order to update the list of items that can be excluded.

Paragraph (d) of the proposed section 1301.31, currently at paragraph (f), is unchanged.

Proposed paragraph (e), the last proposed paragraph in revised 45 CFR 1301.31, corresponds to the last paragraph (h) of the current 45 CFR 1301.31. It retains the requirement that grantees and delegate agencies must develop a plan for responding to suspected or known child abuse or sexual abuse and adds a cross-reference to the definition of child abuse and sexual abuse found in 45 CFR 1340.2(d). The reference to Appendix A, "Identification and Reporting of Child Abuse and Neglect," in the current regulation has been deleted because much of the content contains dated information, and because references to staff responsibilities and training with respect to child abuse and neglect reporting have been updated and inserted in this section at paragraph (e).

Technical and Conforming Amendments

The purpose and scope sections at 45 CFR 1305.1 and 1306.1 are proposed to be amended in order to require that these Parts be used in conjunction with, as applicable, the requirements at 45 CFR Part 1304 on performance standards. For example, some requirements in Part 1304 expand the comparable requirements in either Part 1305 or 1306, and the cross-reference has been added to ensure that grantee and delegate agencies take this into consideration. (Part 1308 already has a cross reference to Part 1304 in its purpose and scope section.) Section 1306.1 also is proposed to be amended in order to include the time frame in which there is an exception for Parent Child Centers as consistent with section 645A(e)(2) of the Head Start Act, as amended.

In sections 45 CFR 1303.14(b) and 1303.15(c) revisions were made to comport with the inclusion of sections 1304.60 and 1304.61 on compliance and Quality Improvement Plans.

In addition, 45 CFR 1306.20, Program staffing patterns, is proposed to be revised by adding a new paragraph (a) and redesignating the other paragraphs. The new paragraph cites, for particular emphasis, the requirement on staffing patterns that are set forth in section 1304.52(j). Section 1306.21, Staff qualification requirements, has been

revised to reflect the amendments in the Head Start Act that redesignates staff qualifications from section 648 to 648A. Section 1306.30, Provisions of comprehensive child development services, paragraph (c) is proposed to be revised to update the cross-reference to Part 1304. For the same reason, the cross-reference in section 1306.33, Home-based program option, to the performance standards has been corrected.

We propose to revise 45 CFR 1308.6(b)(1), Assessment of children, to cross-reference the health and development assessment timeframes in 45 CFR 1304.20 and to retain the statement that screening may start in the spring before program services begin in the fall.

VIII. Impact Analysis

Executive Order 12866

Executive Order 12866 requires that regulations be drafted to ensure that there is consistency with the priorities and principles set forth in this Executive Order. The Department has determined that this rule is consistent with these priorities and principles. This Notice of Proposed Rulemaking implements the statutory authority to promulgate regulations for Head Start Program Performance Standards. The Head Start Act, as amended, requires the addition of new performance standards in the following areas: administrative and financial management, transition activities, family literacy, a family needs assessment and consultation process, and standards for programs serving pregnant women and families with infants and toddlers. Many of the new standards in this proposed rule are directly related to these specific legislative mandates. Congress made no additional appropriation to fund these new requirements, however, and so any funds spent toward the improvement of services, facilities, infrastructures, or other purposes related to this regulation are funds that would have been otherwise spent by the program or other programs from the same appropriation amount. In addition, new standards have been added in the areas of health and developmental assessments, health emergency and safety procedures, and family and community partnerships which are responsive to the legislative mandates and Advisory Committee recommendations to improve the quality of the Head Start program and to establish the Early Head Start program. We believe that these proposed rules are focused in ways that encourage maximum cost-effectiveness in agency spending decisions.

Regulatory Flexibility Act of 1980

The Regulatory Flexibility Act (Public Law 96–354) requires the Federal government to anticipate and reduce the impact of rules and paperwork requirements on small businesses. For each rule with a "significant economic impact on a substantial number of small entities" an analysis must be prepared describing the rule's impact on small entities. Small entities are defined by the Act to include small businesses, small non-profit organizations and small governmental entities. These regulations would affect small entities.

However, it should be noted that all grantees and delegate agencies are currently required to meet a large group of Head Start Program Performance Standards. In keeping with the Head Start Act, as amended, the new standards proposed here have been developed in consultation with individuals who have experience operating Head Start programs. Further, the proposed requirements that are more stringent with regard to paperwork burden than the current requirements are based on the new legislative mandates contained in the Head Start reauthorization, such as the requirement for new infant and toddler standards, the need to respond to changes over time in the kinds of services that the Head Start population requires, the need to reflect best practices in the field of early childhood development, and the need to promote Head Start program quality and to facilitate Head Start expansion. Finally, we believe that meeting these proposed requirements would not be burdensome to grantee and delegate agencies because we are providing a six-month phase-in period for compliance. We also believe that, as grantee and delegate agencies implement these requirements, there will be no ongoing burden.

For these reasons, the Secretary certifies that these rules will not have a significant impact on substantial numbers of small entities.

Paperwork Reduction Act

Under the Paperwork Reduction Act of 1995, Public Law 104–13, all Departments are required to submit to the Office of Management and Budget (OMB) for review and approval any reporting or record-keeping requirement inherent in a proposed or final rule. This NPRM contains information collection requirements in certain sections which the Department has submitted to OMB for its review.

The sections that contain information collection are 1304.20, 22, 23, 40, 50, 51, 52, 60, and 61 which respectively pertain to: child health and developmental assessment; child health and safety; child nutrition; family partnerships; program governance; management systems and procedures; human resources management; compliance; and quality improvement plan.

The respondents to the information collection requirements in the rule are Early Head Start and Head Start grantee and delegate agencies which may be State or local non-profit agencies or organizations. The Department needs to require this collection of information in order to assure that, Early Head Start and Head Start programs are operating quality programs in accordance with the mandate of the Head Start Act, as amended, and the recommendation of the Advisory Committee on Head Start Quality and Expansion that Head Start programs be operated as quality programs. Also, in order to monitor the programs, the Department needs information on Early Head Start and Head Start programs' efforts to provide and maintain quality services.

The frequency of grantee and delegate agency responses are generally annual with the exception of start up activities for Early Head Start and new Head Start programs. We estimate the annual average burden hours per each grantee or delegate agency to be 787.46 hours. Currently, there are a total of 2,112 agencies (1,433 grantees and 679 delegates) operating Early Head Start and or Head Start programs. The total annual estimated information collection is 1,663,116 hours (787.46 hours×2112 agencies=1,663,116). It is important to note, however, that most of the information collection requirements reflected in the proposed revisions to Part 1304 are currently being implemented by existing Head Start programs.

The Administration for Children and Families (ACF) will consider comments by the public on these proposed collection of information in:

- Evaluating whether the proposed collections are necessary for the proper performance of the functions of ACF, including whether the information will have practical utility;
- Evaluating the accuracy of ACF's estimate of the burden of the proposed collections of information;
- Enhancing the quality, usefulness, and clarity of the information to be collected; and
- Minimizing the burden of the collection of information on those who are to respond.

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OMB is required to make a decision concerning the collections of information contained in these proposed regulations between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. This does not affect the deadline for the public to comment to the Department on the proposed regulations. Written comments to OMB for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Ms. Wendy Taylor.

List of Subjects

45 CFR Part 1301

Administrative practice and procedure, Education of the disadvantaged, Grant program/social programs, Selection of grantees.

45 CFR Part 1303

Administrative practice and procedure, Education of disadvantaged, Grant programs—social programs, Reporting and recordkeeping requirements

45 CFR Part 1304

Dental health, Education of the disadvantaged, Grant programs/social programs, Health care, Mental health programs, Nutrition, Reporting and recordkeeping requirements.

45 CFR Part 1305

Education of the disadvantaged, Grant programs/social programs, Individuals with disabilities.

45 CFR Part 1306

Education of the disadvantaged, Grant program/social programs.

45 CFR Part 1308

Education of the disadvantaged, Grant programs/social programs, Health care, Individuals with disabilities, Nutrition, Reporting and recordkeeping.

(Catalog of Federal Domestic Assistance Program Number 93.600, Project Head Start)

Dated: April 10, 1996.

Mary Jo Bane,

Assistant Secretary for Children and Families.

Approved: April 10, 1996.

Donna E. Shalala,

Secretary.

For the reasons set forth in the preamble, 45 CFR Chapter XIII, Subchapter B is proposed to be amended as follows:

1. Part 1304 is revised to read as follows:

PART 1304—PROGRAM PERFORMANCE STANDARDS FOR OPERATION OF HEAD START PROGRAMS BY GRANTEE AND DELEGATE AGENCIES

Subpart A—General

Sec.

1304.1 Purpose and scope.
1304.2 Effective dates.
1304.3 Definitions.

Subpart B—Early Childhood Development and Health Services

1304.20 Child health and developmental assessment.
1304.21 Education and early childhood development.
1304.22 Child health and safety.
1304.23 Child nutrition.
1304.24 Child mental health.

Subpart C—Family and Community Partnerships

1304.40 Family partnerships.
1304.41 Community partnerships.

Subpart D—Program Design and Management

1304.50 Program governance
1304.51 Management systems and procedures.
1304.52 Human resources management.
1304.53 Facilities, materials, and equipment.

Subpart E—Implementation and Enforcement

1304.60 Compliance.
1304.61 Quality improvement plan.

Authority: 42 U.S.C. 9801 *et seq.*

Subpart A—General

§ 1304.1 Purpose and scope.

This part prescribes regulations implementing sections 641A, 644 (a) and (c), and 645A (h) of the Head Start Act, as amended (42 U.S.C. 9801 *et seq.*). Section 641A, paragraph (a)(3)(C) directs the Secretary of Health and Human Services to review and revise, as necessary, the Head Start Program Performance Standards in effect under prior law. This paragraph further provides that any revisions should not result in an elimination or reduction of requirements regarding the scope or types of Head Start services to a level below that of the requirements in effect on November 2, 1978. Section 641A(a) directs the Secretary to issue regulations establishing performance standards and minimum requirements with respect to health, education, parent involvement, nutrition, social, transition, and other Head Start services as well as administrative and financial management, facilities, and other appropriate program areas. Section 644 (a) and (c) requires the issuance of regulations setting standards for the organization, management, and administration of Head Start programs. Section 645A(h) requires that the Secretary develop and publish performance standards for the newly authorized program for low-income pregnant women and families with infants and toddlers, entitled "Early Head Start." The regulations in this part respond to these provisions in the Head Start Act, as amended, for new and/or revised Head Start Program Performance Standards. These regulations define standards and minimum requirements for the entire range of Head Start services, including those specified in the authorizing legislation. They are applicable to both Head Start and Early Head Start programs, with the exceptions noted, and are to be used in conjunction with the regulations at 45 CFR Parts 1301, 1302, 1303, 1305, 1306, and 1308.

§ 1304.2 Effective dates.

Head Start grantee and delegate agencies funded or refunded after [six months after final publication] must comply with these requirements on the date that new groups of children begin receiving services, or one year from [the date of publication of the final rule], whichever occurs first. Nothing in this part prohibits grantee or delegate agencies from voluntarily complying with these regulations prior to the effective date.

§ 1304.3 Definitions.

(a) As used in this part: (1) *Assessment* means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

(2) *Children with disabilities* means, for children ages 3 to 5, those with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who, by reason thereof, need special education and related services. The term "children with disabilities" for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate

diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services. Infants and toddlers with disabilities are those from birth to three years, as identified under the Part H Program (Individuals with Disabilities Education Act) in their State.

(3) *Collaboration and collaborative relationships:* (i) With other agencies, means planning and working with them in order to improve, share and augment services, staff, information and funds; and

(ii) With parents, means working in partnership with them.

(4) *Contagious* means capable of being transmitted from one person to another.

(5)(i) *Deficiencies* means a failure by a grantee or a delegate agency to comply: (A) With one or more of the provisions of the regulations in this part or in 45 CFR Parts 1301, 1305, 1306, and 1308 of this Title which apply to health, education, parental involvement, nutritional, social, and transition activities described in section 642(d) of the Act, and other services, administrative and financial management activities, the condition and location of facilities for such agencies, programs and projects and other matters;

(B) With program design and management requirements;

(C) With applicable laws, regulations, policies, instructions, assurances, terms and conditions;

(D) With the required fiscal or program reporting requirements applicable to Head Start grantees; or

(E) With requirements of the Head Start Act.

(ii) *Deficiencies* also means, in accordance with part 1302 of this chapter, the loss of legal status, permits or financial viability, debarment from receiving Federal grants or contracts and the improper use of Federal funds.

(6) *Developmentally appropriate* means any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children.

(7) *Early Head Start* program means a program that provides families with children under 3 years of age and pregnant women with family-centered services which facilitate child development, support parental roles, and promote self-sufficiency.

(8) *Family* means for the purposes of the regulations in this part all persons:

(i) Living in the same household who are:

(A) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program; or

(B) Related to the child by blood, marriage, or adoption; or

(ii) Related to the child enrolling or participating in the program as parents or siblings, by blood, marriage, or adoption.

(9) *Guardian* means a person legally responsible for a child.

(10) *Health* means medical, dental, and mental well-being.

(11) *Home visitor* means the staff member assigned to work with parents to provide comprehensive services to children and their families children's home through home visits. The home visitor is the infant and toddler caregiver in an Early Head Start program and the classroom teacher in a center-based or combination option Head Start program. In a home-based Head Start program, the staff person with responsibility for conducting home visits and group socialization activities is termed the "home-visitor"

(12) *Individual Family Service Plan (IFSP)* means a written plan for providing early intervention services to a child eligible under Part H of the Individuals with Disabilities Act (IDEA). See 34 CFR 303.340 through 303.346 for regulations concerning IFSP's.

(13) *Infant* means a child from birth through 12 months of age.

(14) *Minimum requirements* means that each Head Start grantee must demonstrate a level of compliance with the regulations in this part, as well as in 45 CFR Parts 1301, 1305, 1306, and 1308 of this Title, such that no deficiency, as defined in this part, exists in its program.

(15) *Non-compliance* means any instance in which the Head Start grantee is failing to comply with a specific statutory, regulatory or policy requirement.

(16) *Policy group* means the formal group of parents and community representatives required to be established by the agency to assist in decisions about the planning and operation of the program.

(17) *Preschooler* means a child from 37 months of age through the date that kindergarten or first grade is available for the child in the child's community

(18) *Program attendance* means the actual presence and participation in the program of a child enrolled in an Early Head Start or Head Start program.

(19) *Referral* means directing an Early Head Start or Head Start child or family member(s) to an appropriate source or resource for help, treatment or information.

(20) *Staff* means paid adults who have responsibilities related to children and their families who are enrolled in Early Head Start or Head Start programs.

(21) *Staff caregiver* means an adult who has direct responsibility for the care and development of children from birth to 3 years of age in a center-based setting.

(22) *Teacher* means an adult who has direct responsibility for the care and development of children aged 3 to 5 years in a center-based setting.

(23) *Toddler* means a child from 13 through 36 months of age.

(24) *Volunteer* means an unpaid person 16 years of age or older who is trained to assist in implementing ongoing program activities under the supervision of a staff person in areas such as health, education, transportation, nutrition, and management.

(b) In addition to the definitions in this section, the definitions as set forth in 45 CFR 1301.2, 1302.2, 1303.2, 1305.2, 1306.3, and 1308.3 also apply, as used in this part.

Subpart B—Early Childhood Development and Health Services

§ 1304.20 Child health and developmental assessment.

(a) *Initial assessment process.* (1) Grantee and delegate agencies must gather and record, to the greatest extent possible, all relevant historical information on each enrolled child's physical health and emotional and cognitive development as early in the program year as possible. Within 90 calendar days from the child's enrollment in the program (with the exception noted in paragraph (a)(3) of this section, they must assure that this current history of preventive care and immunizations has been reviewed by a qualified health professional who has determined whether the child is up-to-date according to established schedules which incorporate the latest recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the requirements for a schedule of well child care employed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for the State in which they operate.

(2) Grantee and delegate agencies must work collaboratively, with the parents of each child whose preventive

care is determined not to be up-to-date with these established schedules, to secure the specific tests, examinations, and assessments recommended by the health care professional(s), and assist them in obtaining needed immunizations. A follow-up plan to bring the child up-to-date, as quickly as possible, but no later than 90 calendar days from the child's enrollment in the program (with the exception noted in paragraph (a)(3) of this section), must be implemented.

(3) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must gather the historical health information and must assure that this current history of preventive care and immunizations has been reviewed by a qualified health professional(s) to determine the child's status on the established schedules (referenced in 45 CFR 1304.21(a)(1)) no later than 30 calendar days after the child enrolls in the program. For any children determined not to be up-to-date, these programs must implement a follow-up plan to bring them up-to-date, as quickly as possible, but no later than 30 calendar days after the child's enrollment in the program.

(b) *Parent involvement in the assessment and treatment processes.* In conducting the assessment process, as described in paragraph (a) of this section, and in making all possible efforts to ensure that each child receives appropriate health assessment, care and treatment, grantee and delegate agencies must: (1) Inform parents immediately when child health or developmental problems are suspected or identified;

(2) Familiarize parents with the use of and rationale for all health-related procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies must document when parental authorization for such procedures is denied. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing assessments are shared with and understood by the parents; and

(3) Inform the parents on how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program.

(c) *Medical and dental health assessment.* Grantee and delegate agencies must assure that medical and dental health assessments are conducted by licensed and qualified professionals. These assessments must include, as age appropriate:

(1) Measures for head circumference; height, weight, and blood pressure; procedures including lead screening and urinalysis; hereditary/metabolic screening; hematocrit or hemoglobin screening; tuberculosis screenings; hearing and vision screenings; and physical and dental examinations, as prescribed in professionally established schedules of preventive care (i.e., the EPSDT schedule) cited in § 1304.20 (a)(1) of this part;

(2) Assessment of current immunization status as prescribed in the professionally established schedules of immunizations cited in § 1304.20(a)(2) of this part; and

(3) Selected medical and developmental tests appropriate to the community, population, and age group and the prevalent health problems identified.

(d) *Developmental and behavioral assessment.* (1) Grantee and delegate agencies must perform linguistically and age appropriate developmental and behavioral assessments, that are also sensitive to the child's culture, to the greatest extent possible, for each child as prescribed in professionally established schedules of preventive care cited in § 1304.20 of (a)(2) of this part, including the assessment of motor, language, social, cognitive, perceptual, and emotional skills.

(2) Grantee and delegate agencies must obtain direct guidance from the mental health professional on how to select and perform procedures that assess the developmental and behavioral needs of children, including guidance on how to use assessment findings to address identified needs.

(3) The assessments must tap multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

(e) *Ongoing assessment.* In addition to the periodic assessments conducted by health professionals according to the schedule of well child care described in § 1304.20(a)(1) of this part, grantees and delegate agencies must implement ongoing assessment procedures by which Head Start and Early Head Start staff can identify any new or reoccurring health or developmental concerns so that they may quickly make appropriate referrals for further professional assessment. At a minimum, ongoing assessment procedures include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, ongoing assessments must include the periodic use of parental, staff, and mental health consultant observations about each child.

(f) *Individualization of the program.* (1) Grantee and delegate agencies must use the information from the health and developmental assessments, the ongoing assessments, medical evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

(2) In cases where an Individual Family Service Plan (IFSP) has not already been developed for enrolled infants and toddlers with disabilities, grantee and delegate agencies must develop such a plan in accordance with part H of the Individuals with Disabilities Education Act (IDEA).

§ 1304.21 Education and early childhood development.

(a) *Child development and education approach for all children.* (1) In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual preferences and individual patterns of development as well as different ability levels, cultures, ages, and learning styles;

(ii) Provide an environment of acceptance that supports and respects each child's gender, culture, language, and ethnicity; and

(iii) In center-based settings, provide a balanced daily program of staff-directed and child-initiated activities, including individual and small group activities.

(2) Parents must be:

(i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education; and

(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences.

(3) Grantee and delegate agencies must support social and emotional development by:

(i) Encouraging development which enhances each child's strengths by:

(A) Building trust;

(B) Fostering independence;

(C) Setting consistent limits and realistic expectations;

(D) Encouraging respect for the feelings and rights of others; and

(E) Supporting and respecting the home language and culture of each child in ways that support the child's health and well-being.

(ii) Allowing routines and transitions to occur in a timely, predictable and unrushed manner according to each child's needs.

(4) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by:

(i) Supporting each child's learning, using various strategies, including experimentation, inquiry, observation, play and exploration;

(ii) Providing opportunities for creative self-expression through activities such as art, music, movement, and dialogue;

(iii) Promoting interaction and language use among children and between children and adults; and

(iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.

(5) In center-based settings, grantee and delegate agencies must promote each child's physical growth by:

(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play or movement that support the development of large muscle skills;

(ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of small-motor skills according to each child's developmental level; and

(iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.

(b) *Child development and education approach for infants and toddlers.* (1) Grantee and delegate agencies must provide an environment for infants and toddlers which encourages:

(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent caregivers over as extended a period of time as possible. Staff caregivers must be able to understand the child's family's culture and, whenever possible, speak the child's language;

(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and

(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from staff caregivers or family members.

(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by providing an environment that:

(i) Encourages the development of self-knowledge, self-awareness, autonomy, and self-expression; and

(ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to listen and express himself or herself freely.

(3) Grantee and delegate agencies must provide an environment that promotes the physical development of infants and toddlers by:

(i) Providing opportunities for small-motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet;

(ii) Supporting the development of the new-found physical skills of infants and toddlers such as grasping, pulling, pushing, crawling, walking, and climbing; and

(iii) Allowing and enabling children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents.

(c) *Child development and education approach for preschoolers.* (1) Grantee and delegate agencies, in collaboration with the parents, must develop or select a curriculum that is adapted for each group and applied consistently in the program and that:

(i) Supports each child's individual pattern of development and learning;

(ii) Provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills, which form a foundation for school readiness and later school success.

(iii) Integrates all educational aspects of the health, nutrition, and mental health services into program activities;

(iv) Ensures that the program environment helps children develop emotional security and facility in social relationships;

(v) Enhances each child's understanding of self as an individual and as a member of a group;

(vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and

(vii) Provides individual, small group and large group activities both indoors and outdoors.

(2) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the assessment of each child's individual strengths and needs.

§ 1304.22 Child health and safety.

(a) *Medical and dental follow-up and treatment.* (1) In collaboration with the parents, to the greatest extent possible, efforts must be made to obtain or arrange further diagnostic testing, examinations, and treatment for each child with an observable or known health or developmental problem, or one made suspect by the diagnostic procedures performed in accordance with § 1304.20(a)(1) of this part, from an appropriate licensed or certified professional as early in the program year as possible, unless the agency can document that parental authorization for such services was denied. (See 45 CFR 1304.20(b) for additional standards on parent involvement.)

(2) For each enrolled child, medical follow-up and treatment must include:

(i) Further examination, diagnostic testing and treatment if necessary, of all concerns that are identified either during or subsequent to the assessment process;

(ii) The identification and treatment, if appropriate, of any underlying sensory or physical bases for any developmental problems observed; and

(iii) Assistance to the parents as needed to learn how to obtain any necessary prescription medications.

(3) For each enrolled child, dental follow-up and treatment must include:

(i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe dental bone or tooth decay;

(ii) Other necessary preventive measures, such as dental sealants and further dental treatment, as recommended by the dental professional; and

(iii) Assistance to the parents as needed to learn how to obtain any necessary prescriptions.

(4) Grantee and delegate agencies must provide or arrange for any medical related services in accordance with the Individual Education plan required under 45 CFR 1308.4, for each child with disabilities that enable his or her optimal participation in the Early Head Start and Head Start programs.

(5) Early Head Start and Head Start funds may be used for professional medical and dental assessments and treatment only when no other source of funding is available. When Early Head Start or Head Start funds are used for

such services, there must be written documentation of the lack of available funds from other sources.

(b) *Health emergency procedures.* Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies, with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical attention;

(2) Posted locations and telephone numbers of emergency care facilities and providers. Up-to-date family contact information and authorization for emergency care for each child and staff member must be readily available;

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) (See 45 CFR 1304.53 for additional information);

(4) Methods of notifying parents in the event of an emergency involving their child; and

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable State laws.

(c) *Conditions of short-term exclusion and admittance.* (1) Grantee and delegate agencies must not deny program admission to or exclude any child from program attendance solely on the basis of his or her health care needs or medication requirements.

(2) Grantee and delegate agencies must exclude an ill, injured, or contagious child from program participation in center-based activities if:

(i) The child's illness, injury or contagious condition prevents the child from participating in routine activities;

(ii) The illness, injury or contagious condition requires more care than the program staff are able to provide without compromising the needs of the other children in the group; and

(iii) Keeping the child in care poses a significant risk to health or safety of the child and/or anyone in contact with the child.

(3) With regard to the implementation of paragraphs (c)(2) (i), (ii), and (iii) of this section a child must not be excluded if the program is able to make reasonable modifications in its policies, practices and procedures or to provide appropriate auxiliary aids or services which would enable the child to participate without fundamentally altering the nature of the program. A child must not be excluded if the program is able to eliminate the significant risk to health or safety posed by the child's illness, injury or contagious condition or to reduce the risk to an acceptable level.

(4) Policies and procedures regarding the short-term exclusion of children with illnesses must be consistent with current professionally established guidelines on short-term exclusion and readmittance (e.g., the U.S. Public Health Services's National Health and Safety Performance Standards; Health Resources and Services Administration/ Maternal and Child Health Bureau). Agencies may not exclude a child when his or her readmittance has been approved by a physician, local health officer, or licensed nurse practitioner. Conditions of readmittance for infectious diseases are under the control of the State/local health department. When a child is excluded, the child's parents or other authorized person must be notified immediately and asked to take the child home.

(5) Grantee and delegate agencies must request parents to inform them of any health risks their child may pose that require special health or safety precautions. Programs must share information regarding the health condition of a child with appropriate program staff, as necessary, to allow for proper precautions in accordance with the program's confidentiality policy.

(d) *Medication administration.* Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child (except when the Head Start grantee or delegate is a school and as such is legally prohibited from administering prescription medication), that include:

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

(2) Designating a staff member(s) or school nurse to administer, handle and store child medications, including prescription and over-the-counter drugs;

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

(5) Recording changes in a child's behavior that have implications for drug dosage or type, and sharing this information with the staff, parents, and physicians; and

(6) Training appropriate staff members in proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

(e) *Injury prevention.* Grantee and delegate agencies must foster an awareness of safety concerns and safety practices among staff, volunteers, children, and parents by incorporating safety awareness in child and parent education activities.

(f) *Hygiene.* (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

(i) After diapering or toilet use;

(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);

(iii) Whenever hands are contaminated with blood or other bodily fluids; and

(iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

(i) Before and after giving medications;

(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and

(iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other bodily fluids.

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies also must ensure that relevant staff are trained to conduct these procedures properly.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness.

(g) *First aid kits.* (1) Readily available, well-supplied first aid kits appropriate for the ages and the program size served must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

§ 1304.23 Child nutrition.

(a) *Nutritional assessment.* Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

(1) The nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained for each child as described in 45 CFR 1304.20(a);

(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities;

(3) For infants and toddlers, current feeding schedules, and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and

(4) Information about major community nutritional issues, as identified through the Community Needs Assessment and by the local health department.

(b) *Nutritional services.* (1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs, feeding requirements, and feeding schedules of each child, including those with disabilities. Also, the nutrition program must serve a variety of foods which broaden the child's food experience and which consider cultural and ethnic preferences.

(i) Each child in a part-day center-based setting must receive meals and snacks that provide at least ⅓ of the child's daily nutritional needs. Each child in a center-based full-day program must receive snack(s), lunch, and other meals, as appropriate, that provide ½ to ⅔ of the child's daily nutritional needs, depending upon the length of the program day.

(ii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast;

(iii) Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226;

(iv) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226;

(v) For 3- to 5-year-olds in center-based settings, foods high in fat, sugar, and salt must be used sparingly;

(vi) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible, or at appropriate intervals.

(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities.

(3) Staff must promote effective dental hygiene among children in conjunction with meals.

(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.

(c) *Meal service.* Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

(1) A variety of food is served which broadens each child's food experiences;

(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;

(3) Sufficient time is allowed for each child to eat;

(4) All toddlers and preschool children and their caregivers, including volunteers, eat together family style;

(5) Infants are held while being fed and are not laid down to sleep with a bottle;

(6) Medically based diets or other dietary requirements are accommodated; and

(7) As developmentally appropriate, opportunity is provided for the involvement of children in activities related to the preparation and serving of meals.

(d) *Family assistance with nutrition.* Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills. In the home-based program option, these opportunities must be provided to parents through group socialization activities.

(e) *Food safety and sanitation.* (1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service that are properly licensed.

(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk.

§ 1304.24 Child mental health.

(a) *Mental health services.* (1) Grantee and delegate agencies must work collaboratively with parents (See 45 CFR 1304.40(f) for issues related to parent education) by:

(i) Soliciting parental information, observations, and concerns about their child's mental health;

(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;

(iii) Discussing and identifying with parents appropriate responses to their child's behaviors;

(iv) Discussing the creation of nurturing, supportive environments and relationships in the home and at the program;

(v) Helping parents to better understand mental health issues; and

(vi) Supporting parents' participation in any needed mental health interventions.

(2) Grantee and delegate agencies must secure the services of a mental health professional on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about each child's mental health.

(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health

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professional, program staff, and parents on how to:

(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;

(ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;

(iii) Assist in providing special help for children with atypical behavior or development; and

(iv) Utilize other community mental health resources, as needed.

Subpart C—Family and Community Partnerships

§ 1304.40 Family partnerships.

(a) *Assessment and goal setting.* (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early in the program year as possible.

(2) As part of this process, grantee and delegate agencies must assist parents to develop and implement, throughout the year, individualized Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Head Start family, the Family Partnership Agreement, staff and parents must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans and goals to assist families toward the goal of self-sufficiency. To the greatest extent possible, grantee and delegate agencies must coordinate with other agencies and families to support accomplishment of goals in the preexisting plans.

(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

(5) Meetings and interactions with families must be respectful of families' cultural and ethnic backgrounds.

(b) *Accessing community services and resources.* (1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

(i) Emergency or crisis assistance, including such direct interventions as the provision of food, housing, clothing, and transportation;

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

(iii) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

(c) *Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.* (1) Grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which includes an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and followup, including substance abuse prevention and treatment services, as needed.

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and post-partum recovery (including maternal depression).

(3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary.

(d) *Parent involvement—general.* (1) In addition to involving parents in program policy-making and operations (see 45 CFR 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents themselves. Other community agencies should be encouraged to assist in the planning and implementation of such programs.

(2) Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible during the program year and to participate with children in group activities outside the classroom or home such as children's field trips. However, the participation of parents in any program activity must be voluntary and must not be required as a condition of the child's enrollment.

(3) Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers.

(e) *Parent involvement in child development and education.* (1) Grantee and delegate agencies must provide opportunities to include parents in the selection, adaption, and development of the program's curriculum and approach to child development and education.

(2) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff. See 45 CFR 1304.21 for additional requirements related to parent involvement.

(3) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:

(i) Increasing family access to materials, services, and activities essential to family literacy development; and

(ii) Assisting parents as adult learners to recognize and address their own literacy goals.

(4) Teachers or staff caregivers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental needs and activities of children in the program.

(f) *Parent involvement in health, nutrition, and mental health education.* (1) Grantee and delegate agencies must provide an organized medical, dental, nutrition, and mental health education program for program staff, parents, and families.

(2) Grantee and delegate agencies must ensure that, at a minimum, the

medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care.

(ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and

(iii) Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, and safety practices for use in the classroom and in the home. In addition to the information on general topics (e.g. the prevention of Sudden Infant Death Syndrome), information specific to health needs of individual children must also be made available to the extent possible.

(3) Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:

(i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and

(ii) Parent discussions with program staff about the nutritional status of their child.

(4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):

(i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;

(ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and

(iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

(g) *Parent involvement in community advocacy.* (1) Grantee and delegate agencies must:

(i) Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and

(ii) Provide the technical and other support, including an existing comprehensive community resource list, if available, needed to enable parents to secure, on their own behalf, available assistance from public and private sources.

(2) Parents must be provided opportunities to work together, and with other area residents, on activities that they have helped develop and in which they have expressed an interest.

(h) *Parent involvement in transition activities.* (1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I Improving America's Schools Act preschool program, or a child care setting.

(2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled at Head Start.

(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:

(i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and

(ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

(4) See 45 CFR 1304.41(c) for additional standards related to children's transition to and from Early Head Start or Head Start.

(i) *Parent involvement in home visits.* (1) For center-based programs, grantee and delegate agencies must not require that parents permit home visits as a condition of the child's participation in Early Head Start or Head Start. However, every effort must be made to explain the advantages of home visits to the parents.

(2) In center-based programs, the child's teacher or staff caregiver must conduct no less than two home visits per year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8).

(3) Grantee and delegate agencies must schedule home visits whenever possible to permit the participation of both the enrolled child and the parents and at times that are most convenient for the parents or primary caregivers.

(4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy.

(5) In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33(a)(1) regarding home visits.

(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

§ 1304.41 Community partnerships.

(a) *Partnerships.* (1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among grantees and their community partners and to improve the delivery of community services to children and families. (See 45 CFR 1304.51 for additional planning requirements.)

(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations, to promote the access of children and families to community services that are responsive to their needs, and to ensure that the Early Head Start and Head Start programs respond to community needs, including:

(i) Health providers, such as clinics, doctors, dentists, and other health professionals;

(ii) Mental health providers;

(iii) Nutritional service providers;

(iv) Individuals and agencies that provide services to children with disabilities and their families. (See 45 CFR 1308.4 for specific service requirements);

(v) Family preservation and support services;

(vi) Child protective services and any other agency to which child abuse must be reported under State law;

(vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

(viii) Providers of child care services; and

(ix) And any other organizations that may provide support and resources to families.

(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in the Early Head Start and Head Start programs.

(4) To enable the effective participation of children with

disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee's service area. (See 45 CFR 1308.4 (l) for specific requirements concerning interagency agreements.)

(b) *Advisory committees.* Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes professionals and volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service Advisory Committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

(c) *Transition services.* (1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, Title I Improving America's Schools Act preschool programs, or other child care settings. These procedures must include:

(i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;

(ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;

(iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and

(iv) Initiating joint transition-related training of Early Head Start or Head Start staff and school or other child development staff.

(2) See 45 CFR 1304.40(h) for additional requirements related to parental participation in their child's transition to and from Early Head Start or Head Start.

Subpart D—Program Design and Management

§ 1304.50 Program governance.

(a) *Policy group structure.* (1) Grantee and delegate agencies must establish and maintain a formal structure of governance through which parents can participate in policy making and in the operation of the program. This structure must consist of the following policy groups, as appropriate:

(i) Policy Council. This Council must be established at the grantee level.

(ii) Policy Committee. This Committee must be established at the delegate agency level when the program is administered in whole or in part by such agencies.

(iii) Parent Committee. For center-based programs, this committee must be established at the center level. For other program options, an equivalent committee must be established at the local program level.

(2) All policy groups must be established as early in the program year as possible and grantee Policy Councils and delegate agency Policy Committees may not be dissolved until successor Councils or Committees are elected and seated.

(3) When a grantee has delegated the entire Head Start program to one delegate agency, it is not necessary to have a Policy Council in addition to a delegate agency Policy Committee. Instead, the Policy Council must represent both the grantee and the delegate agency.

(4) The governing body (the group with legal and fiscal responsibility for administering the Head Start program) and the Policy Council or Policy Committee must not have identical memberships and functions.

(b) *Policy group composition and formation.* (1) Each grantee and delegate agency governing body operating an Early Head Start or Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework of the regulations in this part, the total size of their respective policy groups (based on the number of centers, classrooms, and children served by their Early Head Start or Head Start program), the procedures for the election of parent members, and the procedure for the selection of community representatives. These proposals must be approved by the Policy Council or Committee.

(2) Policy Councils and Policy Committees must be comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51 percent of the members of these policy groups must be the parents of currently enrolled children.

(3) All parents of currently enrolled children serving on policy groups must stand for election or re-election annually.

(4) Community representatives must be drawn from the local community and from local public or private community, civic, and professional organizations that have a concern for and provide resources and services to low-income children and families. Community representatives may include the parents of formerly enrolled children.

(5) Policy Councils and Policy Committees may limit the number of terms any individual may serve on either body.

(6) Early Head Start or Head Start staff members and grantee and delegate agency managers with responsibility for the Early Head Start or Head Start program (or members of their families) may not serve on Policy Councils or Policy Committees.

(7) Parent Committees must be comprised exclusively of parents of children currently enrolled at the center level (for center-based programs) or at the equivalent level (for other program options).

(8) Parents of children currently enrolled in all program options must be adequately represented on established policy groups.

(c) *Policy group responsibilities—general.* Policy groups must be charged with the minimum responsibilities described in paragraphs (d) and (e) of this section and repeated in Appendix A of this section.

(d) *The policy council or policy committee.* (1) Policy Councils and Policy Committees must help to develop, review, and approve or disapprove the following policies and procedures:

(i) Applications and amendments to applications for Early Head Start and Head Start funding, including indirect cost rates, program budgets, and operational plans, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils);

(ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision-making;

(iii) Procedures for program planning in accordance with this part and the requirements of 45 CFR part 1305 (this paragraph (d)(1)(iii) is binding on Policy Councils exclusively);

(iv) The agency's program philosophy and long- and short-range program objectives;

(v) The selection of delegate agencies and their service areas (this paragraph (d)(1)(v) is binding on Policy Councils exclusively);

(vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen;

(vii) Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR part 1305;

(viii) Procedures for the annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including any planning actions that may result from the review of the annual audit and the Federal performance monitoring review;

(ix) Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31(a), including standards of conduct for program staff, consultants, and volunteers; and

(x) Decisions to hire and terminate any person paid from Early Head Start or Head Start funds, including the Early Head Start or Head Start director.

(2) In addition, Policy Councils and Policy Committees must perform the following functions directly:

(i) Serve as a link to the Parent Committees, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve;

(ii) Assist Parent Committees in communicating with parents enrolled in all program options to ensure that they understand their rights and opportunities in Early Head Start and Head Start and to encourage their participation in the program;

(iii) Assist Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities;

(iv) Assist in recruiting volunteer services from parents, community residents, and community organizations, and assist in the mobilization of community resources to meet identified needs; and

(v) Establish and maintain procedures for hearing and working with the grantee or delegate agency to resolve community complaints about the program.

(e) *Parent committee.* The Parent Committee shall carry out at least the following minimum responsibilities:

(1) Advise staff in developing and implementing local program policies, activities, and services;

(2) Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and

(3) Within the guidelines established by the Governing Board, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.

(f) *Policy group reimbursement.* Grantee and delegate agencies must enable low-income policy group members to participate fully in their policy group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members in fulfillment of their responsibilities.

(g) *Governing body responsibilities.* Grantee and delegate agencies must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program.

(h) *Internal dispute resolution.* Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, among the governing body, policy groups, the Early Head Start or Head Start director and executive director of the agency, and staff.

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§1304.50 Appendix A: Policy group responsibilities

A = General responsibility B = Operating responsibility C = Must approve or disapprove	Grantee Agency		Delegate Agency	
Function	Governing Body	Policy Council	Governing Body	Policy Committee
I. Planning				
(a) Establish a procedure for Early Head Start and/or Head Start planning in accordance with 45 CFR Part 1305.	C	C		
(b) Determine agency's philosophy for child development programs and establish long and short-range objectives.	C	C	C	C
(c) Select delegate agencies and determine their service areas.	C	C		
(d) Determine the recruitment area(s) that will be served within the service area.	C	C		
(e) Set criteria that define who will be given priority for recruitment, selection, and enrollment.	B	C	B	C
(f) Determine location of centers, classes, or home-based services.	B	C	B	C
(g) Establish a plan for the recruitment and selection of children.	B	C	B	C
(h) Prepare application for funds: - prior to sending to grantee - prior to sending to HHS.	A&C	C	A&C	C
(i) Make major changes, as defined locally, in the approved program (budget and work plan)	A	C	A	C
(j) Develop and implement a method for self-assessment of the agency's Early Head Start or Head Start program.	A	C	A	C
II. General Administration:				
(a) Determine the composition of the Early Head Start and/or Head Start policy group and the method for its establishment. - Policy Council - Policy Committee	A&C A	C	A&C	C
(b) Establish written procedures that describe how the governing entity and the appropriate policy group will implement shared decision-making.	C	C	C	C
(c) Establish methods for resolving internal disputes, including impassé procedures.	A&C	A&C		
(d) Determine the administrative services that will be provided by the agency's central office (as direct and/or indirect costs) to the Early Head Start or Head Start program.	C	C	C	C
(e) Establish a method for hearing and resolving community complaints about the Early Head Start or Head Start program.	A&B	A&C	A&B	A&C

A = General responsibility B = Operating responsibility C = Must approve or disapprove	Grantee Agency		Delegate Agency	
Function	Governing Body	Policy Council	Governing Body	Policy Committee
(f) Ensure that there is a financial management system that ensures budget/management control over current operations and the timely and accurate disclosure of fiscal matters.	A	B	A	B
(g) Ensure that an independent audit, which includes Early Head Start or Head Start operations, is conducted and its findings are reported to the governing entity and policy groups.	A		A	
III. Personnel Administration:				
(a) Determine grantee personnel policies that include the provisions of 45 CFR 1301.31 and a code or standards of conduct for all staff, consultants, and volunteers.	A&C	C		
(b) Hire and fire the Early Head Start or Head Start director of the grantee agency.	A	C		
(c) Hire and fire the Early Head Start or Head Start staff of the grantee agency.	A	C		
(d) Determine delegate agency personnel policies that include the provisions of 45 CFR 1301.31 and a code or standards of conduct for all staff, consultants, and volunteers.	A		A	C
(e) Hire and fire the Early Head Start or Head Start director of the delegate agency.			A	C
(f) Hire and fire the Early Head Start or Head Start staff of the delegate agency.			A	C

Definitions as Used in Chart

A. *General Responsibility.* The individual or group with legal and fiscal responsibility guides and directs the carrying out of the function described through the person or group given operating responsibility.

B. *Operating Responsibility.* The individual or group that is directly responsible for carrying out or performing the function consistent with the general guidance and direction of the individual or group holding general responsibility.

C. *Must Approve or Disapprove.* The individual or group (other than persons or groups holding general and operating responsibilities, A and B above) must approve before the decision is finalized or action taken. The group must also have been consulted in the decision-making process prior to the point of seeking approval. If they do not approve, the proposal cannot be adopted, or the proposed action taken, until agreement is reached between the disagreeing groups or individuals.

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§ 1304.51 Management systems and procedures.

(a) *Program planning.* (1) Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program's governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:

(i) An assessment of community strengths, needs and resources through completion of the Community Needs Assessment, in accordance with the requirements of 45 CFR part 1305;

(ii) The formulation of both multi-year ("long-range") program goals and short-term program and financial objectives that address the findings of the Community Needs Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program's annual self-assessment; and

(iii) The development of written plans for implementing services in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management).

(2) All program plans, and progress in meeting them, must be reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed.

(b) *Communications—general.* Grantee and delegate agencies must establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community.

(c) *Communication with families.* (1) Grantee and delegate agencies must ensure that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.

(2) Communication with parents must be carried out in the parents' primary language or through an interpreter, to the extent feasible.

(d) *Communication with governing bodies and policy groups.* Grantee and delegate agency communication systems must ensure that the following information is provided regularly to the grantee and delegate governing bodies and to members of the policy groups:

(1) Procedures and timetables for program planning;

(2) Policies, guidelines, and other communications from HHS;

(3) Program and financial reports; and

(4) Program plans, policies, procedures, and Early Head Start and Head Start grant applications.

(e) *Communication among staff.* Programs must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

(f) *Communication with delegate agencies.* Grantees must have a procedure for ensuring that delegate agency governing bodies, Policy Committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.

(g) *Record-keeping systems.* Grantee and delegate agencies must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff.

(h) *Reporting systems.* Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that:

(1) Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, policy groups, and staff of program progress; and

(2) Generate official reports for Federal, State, and local authorities, as required by applicable law.

(i) *Program self-assessment and monitoring.* (1) At least once each program year, and with the consultation and participation of the policy groups, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives in consultation with other community agencies.

(2) Grantees must establish and implement procedures for the periodic monitoring of the Early Head Start and Head Start operations of each of its delegate agencies and their compliance with Federal regulations.

(3) Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems.

§ 1304.52 Human resources management.

(a) *Organizational structure.* (1) Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major roles and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.

(2) At a minimum, grantee and delegate agencies must ensure that the following program management roles are formally assigned to and adopted by staff within the program:

(i) Program management (the Early Head Start or Head Start director);

(ii) Management of early childhood development and health services, including child development and education; child medical, dental, and mental health; child nutrition; and, services for children with disabilities; and

(iii) Management of family and community partnerships, including parent activities.

(b) *Staff qualifications—general.* (1) Grantee and delegate agencies must ensure that staff have the knowledge, skills, and experience they need to perform their assigned roles and functions responsibly.

(2) In addition, grantee and delegate agencies must ensure that only candidates with the qualifications specified in this Part and in 45 CFR 1306.21 are hired for the following positions:

(i) Managers, supervisors, and fiscal officer;

(ii) Classroom teachers;

(iii)Infant and toddler staff caregivers;

(iv) Home visitors;

(v) Health staff;

(vi) Mental health professionals; and

(vii) Nutritionists or dieticians.

(3) Current and former Head Start parents must receive preference for employment vacancies if they are well qualified.

(4) Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency .

(c) *Management staff qualifications.* (1) The Early Head Start or Head Start director must have training and experience relevant to early childhood or human services program management.

(2) Grantee and delegate agencies must secure the regularly scheduled or ongoing services of a qualified fiscal officer with Certified Public Accountant (CPA) or other appropriate credentials.

(3) In addition to meeting the minimum qualifications for classroom teachers, as specified in section 648A of the Head Start Act staff managing education services must have training

and experience in areas that include: the theories and principles of child growth and development, early childhood education, and family support.

(4) Health services must be managed by staff with training and experience in public health, nursing, health education, prenatal and postpartum care, or health administration.

(5) Nutrition services must be managed by a certified or licensed, full-time staff nutritionist or dietician. Alternatively, nutrition services must be supervised on a regularly scheduled basis by such a qualified nutritionist or dietitian.

(6) Family and community partnership services must be managed by staff with training and experience in field(s) related to social, human, or family services.

(7) Parent involvement services must be managed by staff with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

(8) Disability services must be managed by staff with training and experience in securing and individualizing needed services for children with disabilities.

(d) *Mental health professional qualifications.* A licensed or certified mental health professional with experience and expertise in serving young children and their families must provide services to the Early Head Start and Head Start programs on a regularly scheduled basis.

(e) *Health staff qualifications.* To the extent that health staff are performing health screenings, immunizations, or other health procedures for children, they must have appropriate professional licenses or certification to perform those procedures.

(f) *Infant and toddler staff qualifications.* Staff working with infants and toddlers must have the training and experience necessary to develop consistent, stable, and supportive relationships with very young children. Head Start programs must comply with section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of caregivers. The training must develop knowledge of infant and toddler development, safety issues in infant and toddler care (e.g., reducing the risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants and toddlers, their parents, and other staff members.

(g) *Standards of conduct.* (1) Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct. These standards must specify that:

(i) They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;

(ii) They will follow program confidentiality policies concerning information about children, families, and other staff members;

(iii) No child will be left alone or unsupervised while under their care; and

(iv) They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.

(2) Grantee and delegate agencies must ensure that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.

(3) Personnel policies and procedures must include provision for appropriate penalties for violating the standards of conduct.

(h) *Staff performance appraisals.* Grantee and delegate agencies must perform annual performance reviews of each Head Start staff member and use the results of these reviews to identify staff training and professional development needs, modify staff performance agreements, as necessary, and assist each staff member in improving his or her skills and professional competencies.

(i) *Staff and volunteer health.* (1) Grantee and delegate agencies must assure that each staff member has an initial health examination and a periodic re-examination (as recommended by their health care provider or as mandated by State or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

(2) Volunteers must be screened for tuberculosis before beginning service that involves contact with children.

(3) Grantee and delegate agencies must assist staff with mental health and wellness concerns that may affect their job performance.

(j) *Staffing patterns.* (1) Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding program staffing patterns.

(2) When a majority of children speak the same language, at least one teacher or paid aide interacting regularly with the children must speak their language.

(3) For center-based programs, the class size requirements specified in 45 CFR 1306.32 must be maintained through the provision of substitutes when regular classroom staff are absent.

(4) Grantee and delegate agencies must ensure that each staff caregiver working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one room.

(5) Grantees and delegate agencies serving infants and toddlers as well as preschoolers must ensure that each staff member has responsibility for no more than six children, of which no more than two may be infants or toddlers.

(6) Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured.

(k) *Training and development.* (1) Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented by the program.

(2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible, for staff and volunteers. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23.

(3) At a minimum, this system must include an ongoing education program for relevant staff and volunteers which include, among other things,:

(i) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using so far as possible, a helpful, rather than a punitive attitude toward abusing or neglecting parents and other care takers; and

(ii) Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.

(4) Grantee and delegate agencies must provide training to Early Head Start and Head Start governing body members and to Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.

§ 1304.53 Facilities, materials, and equipment.

(a) *Head Start physical environment and facilities.* (1) Grantee and delegate agencies operating center-based programs must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child. Grantee and delegate agencies must strive to achieve this environment in settings for other program options as well.

(2) Grantee and delegate agencies must provide appropriate center space for the conduct of all program activities. (See 45 CFR 1308.4 for specific access requirements for children with disabilities.)

(3) The center space provided by grantees and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.

(4) The indoor and outdoor space in Early Head Start or Head Start centers used by mobile infants and toddlers must be located away from general walkways and from areas used by older children.

(5) Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.

(6) Facilities owned or operated by Early Head Start and Head Start grantee or delegate agencies must meet the licensing requirements of 45 CFR 1306.30.

(7) Grantee and delegate agencies must provide for the maintenance, repair, and security of all Early Head Start and Head Start facilities, materials and equipment.

(8) Grantee and delegate agencies must provide a center-based environment free of toxins, such as cigarette smoke, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Programs must ensure that no child is present when the spraying of pesticides or herbicides is conducted.

(9) Outdoor play areas at center-based programs must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Enroute to play areas, children must not be exposed to vehicular traffic without supervision.

(10) Grantee and delegate agencies must conduct an annual safety inspection to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:

(i) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns;

(ii) No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used;

(iii) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children;

(iv) Rooms are well lit and provide emergency lighting in the case of power failure;

(v) Approved, working fire extinguishers are readily available;

(vi) An appropriate number of smoke detectors are installed and tested regularly;

(vii) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable. (See 45 CFR 1304.22 for additional emergency procedures);

(viii) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions;

(ix) Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead;

(x) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs;

(xi) Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children;

(xii) Only sources of water approved by the local or State health authority are used;

(xiii) Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children's activities;

(xiv) Toilet training equipment is provided for children being toilet trained;

(xv) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are is stored in a safe and sanitary manner; and

(xvi) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.

(b) *Head Start equipment, toys, materials, and furniture.* (1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be:

(i) Supportive of the specific educational objectives of the local program;

(ii) Supportive of the cultural and ethnic backgrounds of the children;

(iii) Age-appropriate and supportive of the abilities and developmental needs of each child served, with special consideration for the needs of children with disabilities;

(iv) Accessible, attractive, and inviting to children;

(v) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore; and

(vi) Stored in a safe and orderly fashion when not in use.

(2) Infant and toddler toys must be made of non-toxic materials that can be sanitized.

(3) To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.

Subpart E—Implementation and Enforcement

§ 1304.60 Compliance.

(a) Head Start grantee and delegate agencies funded for indefinite project periods must comply with the requirements of this part in accordance with the effective dates set forth in 45 CFR 1304.2.

(b) If the responsible HHS official, as a result of information obtained from a review of a Head Start program, determines a program to have one or more deficiencies, he or she must notify the grantee promptly in writing of the finding, identifying the deficiencies which constitute a violation of the

minimum requirements, and informing the grantee that it must correct them either immediately, effective on a specified date or pursuant to an approved Quality Improvement Plan.

(c) If the responsible HHS official, as a result of information obtained on the basis of a review of a Head Start program, determines a program to be out of compliance with the Program Performance Standards, other requirements of the Head Start regulations, the Act or the terms and conditions of the grant and further determines that those areas of non-compliance are not, judged individually or in the aggregate, of the scope and magnitude that constitute a program deficiency, he or she must notify the grantee promptly in writing of those areas of non-compliance and inform the grantee that it has the period stated in the notice, not to exceed 90 days, to come into compliance.

(d) The Head Start program must certify to the responsible HHS official at such time that it has remedied the specified areas of non-compliance, providing whatever documentation is requested by the responsible HHS official to confirm such compliance.

(e) If the Head Start program cannot satisfactorily document that it has remedied the specified areas of non-compliance, the non-compliance will then constitute a deficiency; and the responsible HHS official shall require the grantee to correct the areas of non-compliance either immediately, effective on a specific date, or pursuant to an approved Quality Improvement plan. The Head Start program shall have no more than one year under a Quality Improvement plan from the date of the initial notification of the existence of the areas of deficiency to remedy the deficiency.

§ 1304.61 Quality improvement plan.

(a) Upon being designated as a program with one or more deficiencies to be corrected pursuant to a Quality Improvement Plan, the Head Start program must submit to the responsible HHS official a Quality Improvement plan which specifies the actions that the grantee will take, within a specified period of time, to remedy the deficiencies identified under § 1304.60.

(b) The responsible HHS official, within 30 days of receipt of the Quality Improvement Plan, will inform the program, in writing, of the plan's approval or specify the reasons that the plan is disapproved.

(c) If the Quality Improvement Plan is disapproved, the Head Start grantee must submit a revised Quality Improvement Plan, making the changes necessary to address the reasons that the initial plan was disapproved.

(d) The Quality Improvement Plan must indicate the time frames in which the grantee will remedy its deficiencies; in no case can this period of time exceed 12 months from the time the grantee is notified of its deficiencies.

(e) At such time as has been specified in the approved Quality Improvement Plan for the correction of all deficiencies, or after such date fixed for immediate resolution in a letter, if the identified deficiencies have not been corrected, the responsible HHS official will issue a letter of termination or denial of refunding under 45 CFR part 1303.

PART 1301—HEAD START GRANTS ADMINISTRATION

2. The authority citation for Part 1301 is revised to read as follows:

Authority: 42 U.S.C. 9801 *et seq.*

3. Section 1301.31 is revised to read as follows:

§ 1301.31 Personnel policies.

(a) *Written policies.* Grantees and delegate agencies must establish and implement written personnel policies for staff, consultants, and volunteers that are approved by the Policy Council and that are made available to all grantee and delegate agencies. At a minimum, such policies must include:

(1) Descriptions of each staff, consultant, and volunteer position, addressing, as appropriate, roles and responsibilities, relevant qualifications, salary, and employee benefits. (See 45 CFR 1304.52(b), Staff qualifications.)

(2) A description of the procedures for recruitment, selection and termination. (See paragraph (b) of this Section, Staff recruitment and selection procedures.)

(3) Standards of conduct. (See 45 CFR 1304.52(g), Standards of conduct.)

(4) Descriptions of methods for providing staff and volunteers with opportunities for training, development, and advancement. (See 45 CFR 1304.52(k), Training and development.)

(5) A description of the procedures for conducting staff performance appraisals. (See 45 CFR 1304.52 (h), Staff performance appraisals.)

(6) Assurances that the program is an equal opportunity employer and does not discriminate on the basis of gender, race, ethnicity, religion or disability; and

(7) A description of employee-management relation procedures, including those for managing employee grievances and adverse actions.

(b) *Staff recruitment and selection procedures.* (1) Before an employee is hired, grantee or delegate agencies must conduct:

(i) An interview with the applicant;

(ii) A verification of personal and employment references; and

(iii) A State or national criminal record check, as required by State law or administrative requirement.

(2) Grantee and delegate agencies must require that all current and prospective employees and volunteers sign a declaration prior to employment or volunteer work that lists:

(i) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;

(ii) Convictions related to other forms of child abuse and neglect; and

(iii) All convictions of violent felonies.

(3) Grantee and delegate agencies must review each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.

(4) Grantee and delegate agencies must perform outreach to encourage individuals from the community to participate as volunteers in the Head Start program.

(c) *Declaration exclusions.* The declaration required by paragraph (b)(2) of this section may exclude:

(1) Traffic fines of $200.00 or less;

(2) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;

(3) Any conviction the record of which has been expunged under Federal or State law; and

(4) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

(d) *Probationary period.* The policies governing the recruitment and selection of staff must provide for a probationary period for all new employees that allows time to monitor employee performance and to examine and act on the results of the criminal record checks discussed in paragraph (b) (1) of this section.

(e) *Reporting child abuse or sexual abuse.* Grantee and delegate agencies must develop a plan for responding to suspected or known child abuse or sexual abuse as defined in 45 CFR 1340.2(d) whether it occurs inside or outside of the program.

(Approved by the Office of Management and Budget under control number 0980–0173)

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PART 1303—APPEAL PROCEDURES FOR HEAD START GRANTEES AND CURRENT OR PROSPECTIVE DELEGATE AGENCIES

3. The authority citation for Part 1303 continues to read as follows:

Authority: 42 U.S.C. 9801 *et seq.*

4. Section 1303.14 is amended by revising paragraph (b) introductory text and paragraph (b)(4) to read as follows:

§ 1303.14 Appeal by a grantee from a termination of financial assistance.

* * * * *

(b) Financial assistance may be terminated for any or all of the following reasons:

* * * * *

(4) The grantee has in existence one or more deficiencies as defined in 45 CFR part 1304;

* * * * *

5. Section 1303.15 is amended by revising paragraph (c) to read as follows:

§ 1303.15 Appeal by a grantee from a denial of refunding.

* * * * *

(c) Refunding of a grant may be denied for existence of one or more deficiencies as defined in 45 CFR part 1304.

PART 1305—ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE IN HEAD START

6. The authority citation for Part 1305 continues to read as follows:

Authority: 42 U.S.C. 9801 *et seq.*

7. Section 1305.1 is amended by adding a sentence at the end to read as follows:

§ 1305.1 Purpose and scope.

* * * * *

These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR part 1304, as applicable.

PART 1306—HEAD START STAFFING REQUIREMENTS AND PROGRAM OPTIONS

8. The authority citation for Part 1306 is revised to read as follows:

Authority: 42 U.S.C. 9801 *et seq.*

9. Section 1306.1 is revised to read as follows:

§ 1306.1 Purpose and scope.

This part sets forth requirements for Head Start program staffing and program options that all Head Start grantees, with the exception of Parent Child Center programs must meet. The exception for Parent Child Centers is for fiscal years 1995, 1996, and 1997 as consistent with section 645A(e)(2) of the Head Start Act, as amended. These requirements including those pertaining to staffing patterns, the choice of the program options to be implemented and the acceptable ranges in the implementation of those options, have been developed to help maintain and improve the quality of Head Start and to help promote lasting benefits to the children and families being served. These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR part 1304, as applicable.

10. Section 1306.20 is amended by redesignating paragraphs (a) through (e) as (b) through (f) and adding a new paragraph (a) to read as follows:

§ 1306.20 Program staffing patterns.

(a) Grantees must meet the requirements of 45 CFR 1304.52 (j), Staffing patterns, in addition to the requirements of this section.

* * * * *

11. Section 1306.21 is revised to read as follows:

§ 1306.21 Staff qualification requirements.

Head Start programs must comply with section 648A of the Head Start Act and any subsequent amendments, regarding the qualifications of classroom teachers.

12. Section 1306.30 is amended by revising paragraph (c) to read as follows:

§ 1306.30 Provisions of comprehensive child development services.

* * * * *

(c) The facilities used by Head Start grantees for regularly scheduled center-based and combination program option classroom activities or home-based group socialization activities must comply with State and local requirements concerning licensing. In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, or where no State or local licensing standards are applicable, grantee and delegate agencies are, at a minimum, required to assure that their facilities are in compliance with the Head Start Program Performance Standards related to the safety of facilities found in 45 CFR 1304.53(a), Physical environment and facilities.

* * * * *

13. Section 1306.33 is amended by revising paragraph (c)(3) to read as follows:

§ 1306.33 Home-based program option.

* * * * *

(c) * * *

(3) Grantees must follow the nutrition requirements specified in 45 CFR 1304.23(b)(2) and provide appropriate snacks and meals to the children during group socialization activities.

PART 1308—HEAD START PROGRAM PERFORMANCE STANDARDS ON SERVICES FOR CHILDREN WITH DISABILITIES

14. The authority citation for Part 1308 continues to read as follows:

Authority: 42 U.S.C. 9801 *et seq.*

15. Section 1308.6 is amended by revising paragraph (b)(1) to read as follows:

§ 1308.6 Assessment of children.

* * * * *

(b) * * *

(1) Grantees must provide for health and developmental assessments of all Head Start children in accordance with the requirements of 45 CFR 1304.20. This does not preclude starting assessment in the spring, before program services begin in the fall.

* * * * *

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